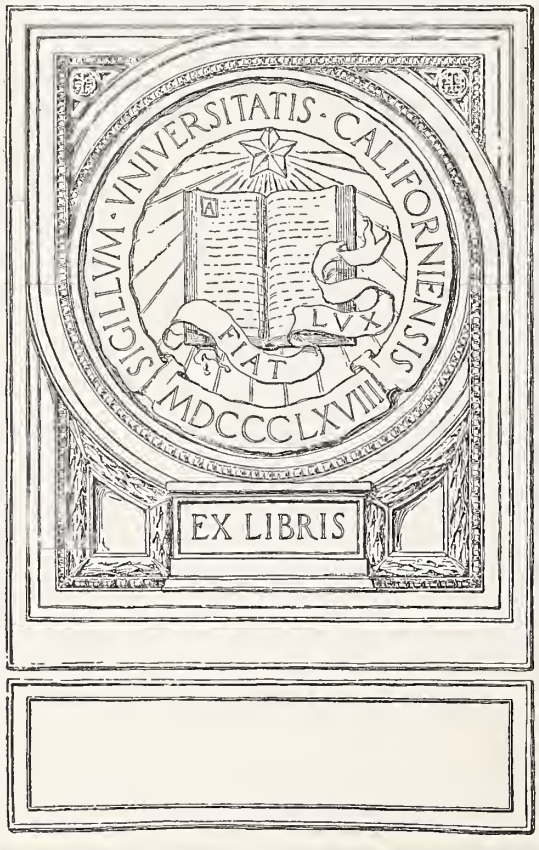
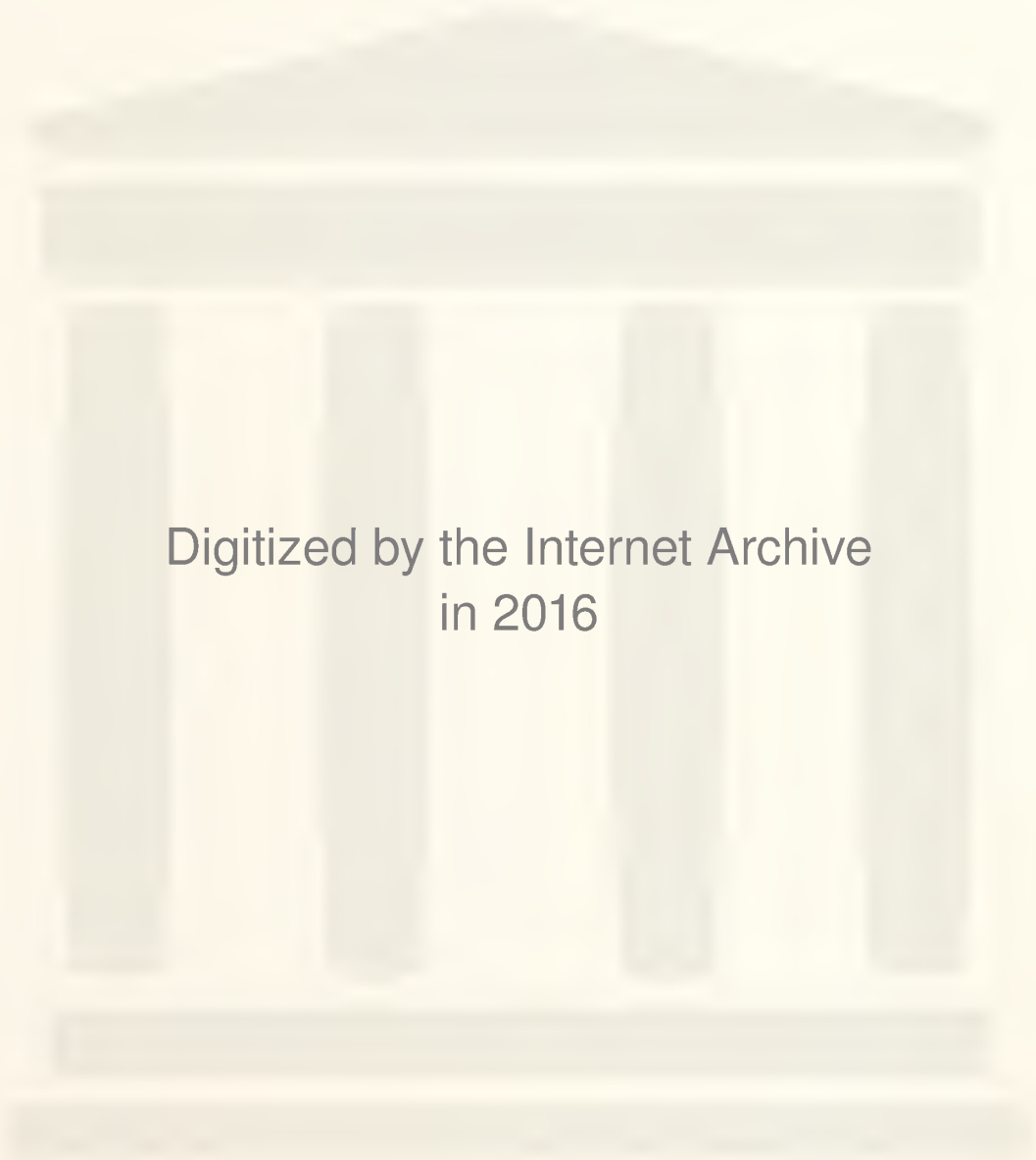
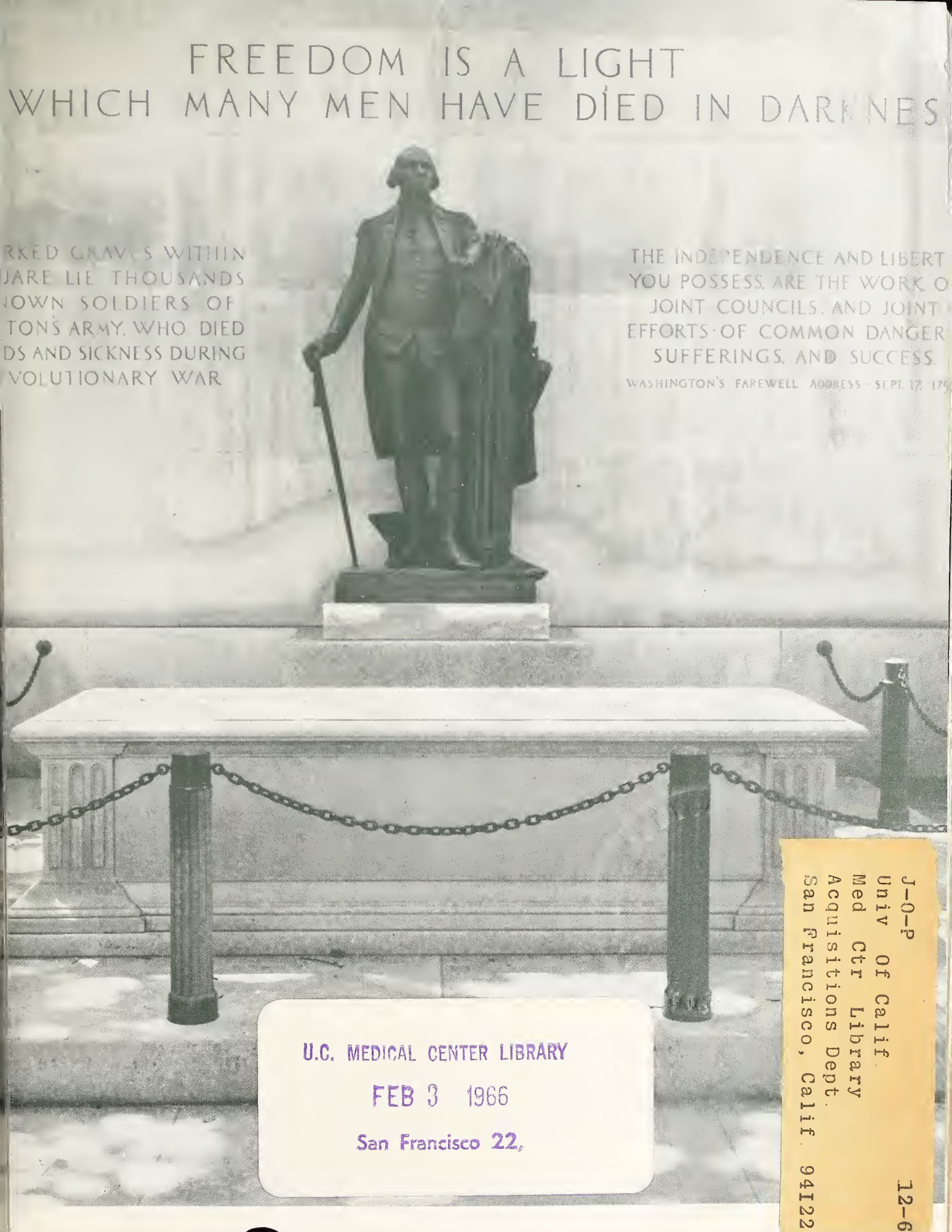
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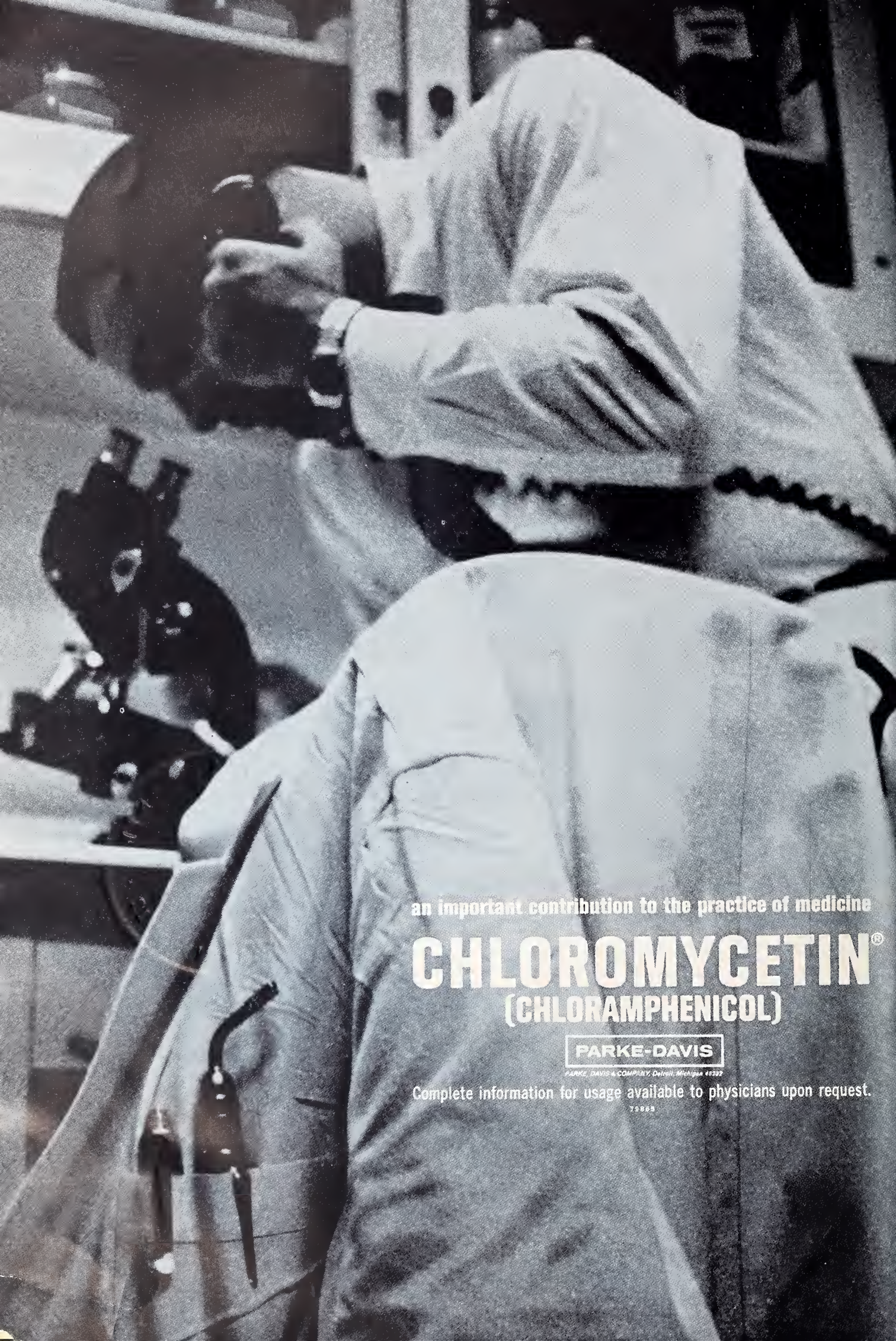
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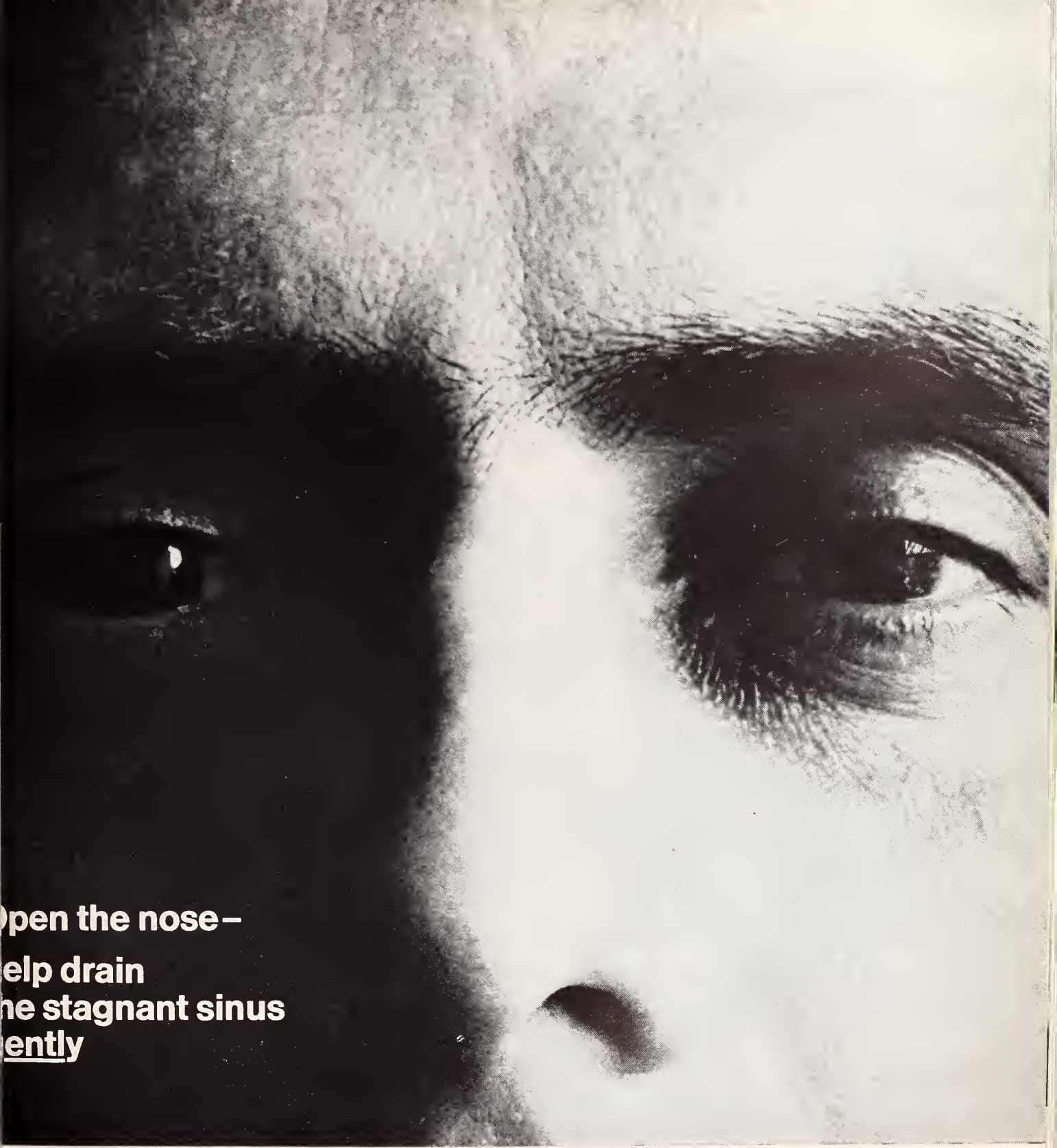
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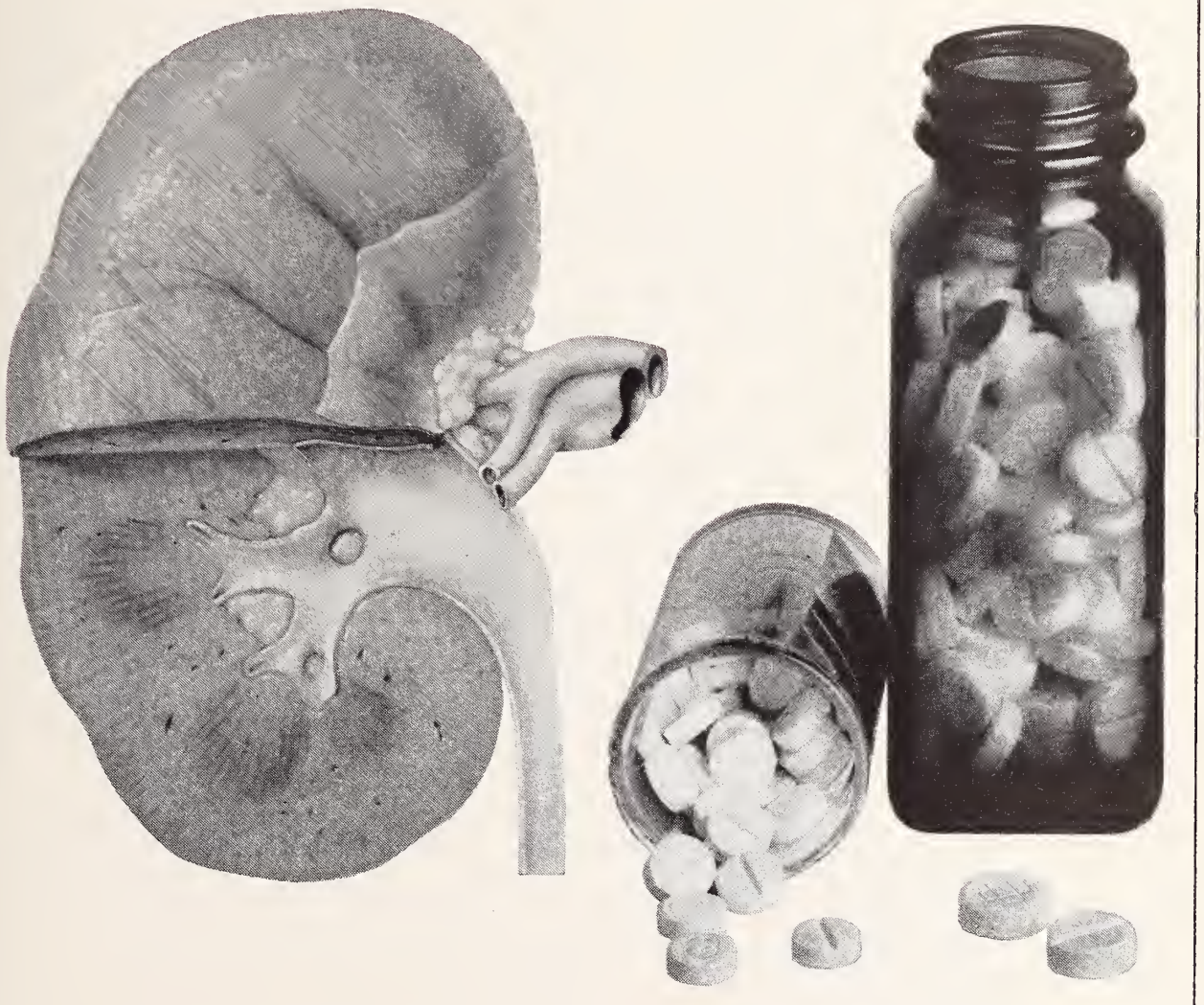
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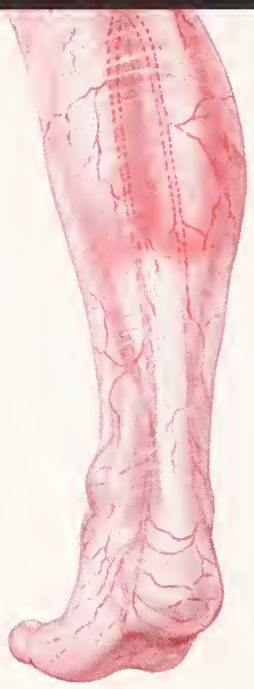
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Howard	Powell L. Perkins, Kokomo	John DeBrota, Jr., 3114 Orleans Ct., Kokomo
Huntington	Joseph Clark, Huntington	Carl S. Ray, Warren
Jackson-Jennings	Forrest D. Ellis, North Vernon	Kenneth Bobb, 406 S. Chestnut St., Seymour
Jasper	Robert W. Greene, Rensselaer	Paul A. Williams, 119 W. Harrison St., Rensselaer
Jay	Herbert Shroyer, Dunkirk	C. Franklin Andrews, R. R. 1, Geneva
Jefferson-Switzerland	G. F. Harris, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Harry Mock, Jr., Franklin	John M. Records, 198½ Jefferson St., Franklin
Knox	John Anderson, Vincennes	E. R. Cantwell, 202 Broadway, Vincennes
Kosciusko	Thomas F. Keough, Warsaw	Roland Snider, 422 S. Buffalo St., Warsaw
LaGrange	M. Reed Taylor, Howe	Charles D. Benedict, 203 W. Wayne St., LaGrange
Lake	V. J. Santare, Munster	L. Dale Olson, 2318 W. Fifth Ave., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	David P. Morton, Westville	William E. Wolfe, Lakewood Lair, The Island, LaPorte
		Mrs. Polly Dent, Exec. Secy., 903 Indiana Ave., LaPorte
Lawrence	Richard P. Austin, Bedford	Glen D. Ley, 2900 W. 16th St., Bedford
Madison	W. K. Patterson, Anderson	David Jones, 1504 N. Madison, Anderson
Marion	James H. Gosman, Indianapolis	Charles W. Cure, 1815 N. Capitol Ave., Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 2902 N. Meridian, Indianapolis (8)
Marshall	Edward Reno, Plymouth	Joseph D. Howard, 921 Lake Shore Dr., Culver
Miami	Cloyn R. Herd, Peru	Maurice D. Sixbey, Denver
Montgomery	Claude N. Thompson, Waynetown	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	Edgar Kourany, Mooresville	R. W. Van Bokkelen, 320 N. Indiana St., Mooresville
Newton	M. F. Guzman, Morocco	Arthur Schoonveld, Brook
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Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	William C. Robertson, Chesterton	Charles G. Griffin, 813 LaPorte Ave., Valparaiso
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
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to
increase
blood
flow

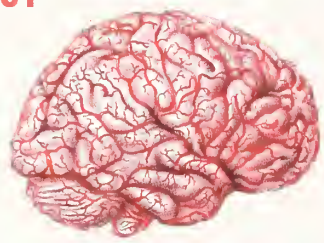


to increase blood flow



IN CEREBROVASCULAR INSUFFICIENCY

leading to such symptoms as mental confusion, diplopia, vertigo and lightheadedness.



IN PERIPHERAL VASCULAR DISEASES

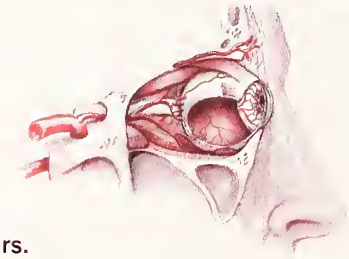
where ischemia causes pain, spasm, ache, intermittent claudication; also coldness, numbness or ulceration of extremities.





IN CIRCULATORY DISORDERS OF THE EYE

in which vasospasm and impaired circulation are factors.



IN CIRCULATORY DISORDERS OF THE INNER EAR

where decreased blood flow results in hearing loss (sudden onset), tinnitus, or vertigo.

VASODILATIVE/ VASORELAXANT

ARLIDIN® brand of NYLIDRIN HCl

decreases resistance in arteries and arterioles in skeletal muscle, in the brain, and possibly in the eye and inner ear • increases cardiac output (minute stroke volume) • maintains mean arterial blood pressure • enhances blood flow in ischemic tissues • well tolerated, with rapid and sustained response • economical

dosage: ½ to 1 tablet three or four times a day is the usual effective dosage; increased, if necessary, to 2 tablets three or four times a day. **side effect:** Occasional palpitation. **precautions:** Use with caution in the presence of a recent myocardial lesion, paroxysmal tachycardia, severe angina pectoris and thyrotoxicosis. **contraindication:** Acute myocardial infarction.

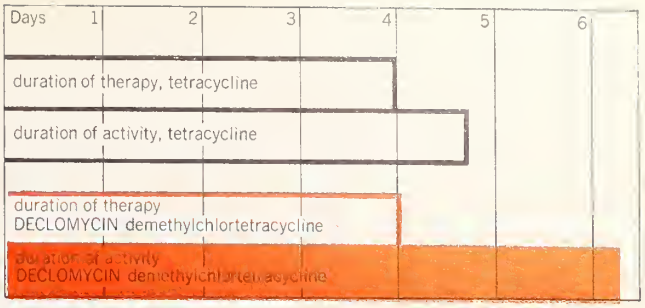
Consult product brochure.

Available in 6 mg. scored tablets, bottles of 100 and 1000.

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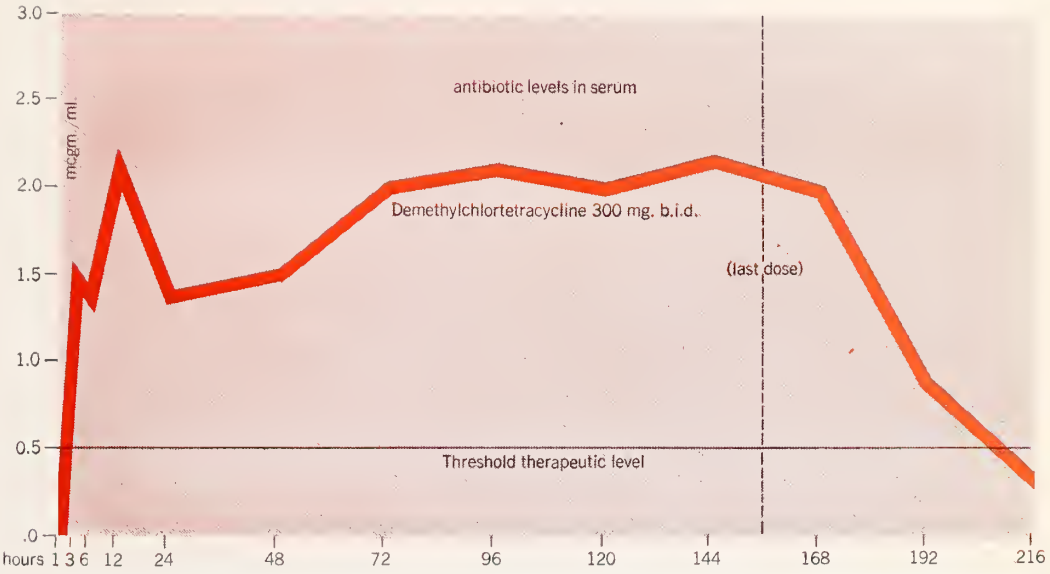


lower mg. intake per 24 hours
600 mg. versus 1000 mg.

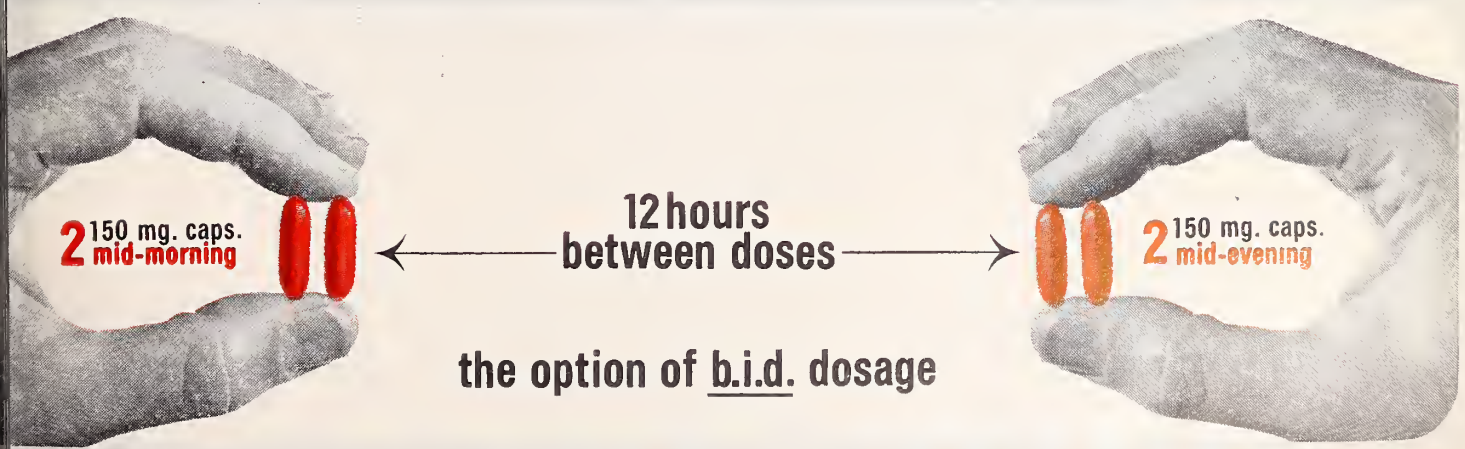


1-2 days' "extra" activity

higher activity levels than other tetracyclines—with less peak-and-valley fluctuation



From Sweeney, W. M.; Dornbush, A. C., and Hardy, S. M.; Amer. J. Med. Sci. 243:296 (Mar.) 1962



the option of b.i.d. dosage

"extra" benefits raise the level of antibiotic control

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE
150 mg. CAPSULES

ve in a wide range of everyday infections—respiratory, urinary nd others—in the young and aged—the acutely or chroni- —when the offending organisms are tetracycline-sensitive. *ffects* typical of tetracyclines include glossitis, stomatitis, s, nausea, diarrhea, vaginitis, dermatitis, overgrowth of ceptible organisms, tooth discoloration (if given during ormation) and increased intracranial pressure (in young). Also, very rarely, anaphylactoid reaction. Reduce dosage in impaired renal function. Because of reactions to artificial or natural sunlight (even from short exposure and at low dosage), patient should be warned to avoid direct exposure. Stop drug immediately at the first sign of adverse reaction. It should not be taken with high calcium drugs or food; and should not be taken less than one hour before, or two hours after meals.

Capsules, 150 mg. and 75 mg. of demethylchlortetracycline HCl. *Average Adult Daily Dosage:* 150 mg. q.i.d. or 300 mg. b.i.d.

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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

MONTH IN WASHINGTON

WASHINGTON, D.C.—The Public Health Service has expanded its "pap" test program with a goal of providing cervical cancer tests for most women who enter hospitals and many of those who see physicians for any reason.

A total of $6 million has been allotted for the expanded nationwide campaign.

Grants will be made to hospitals, medical schools, state and local health departments and non-government health groups for training of technicians, post-residency training of physicians, purchase of laboratory equipment, examination of hospital outpatients and other such expenditures.

Since last March, the American Academy of General Practice has been implementing an office cancer detection program for the PHS. A PHS spokesman termed the program "most effective," although not costly.

The PHS said it expects to achieve its goal in hospital tests within the next five years, with the number of hospitals providing this service to all adult women patients increasing each year.

Hospitals providing care for the poor and medically indigent will receive first consideration in the awarding of grants. These patients have not been tested usually for cervical cancer, the PHS said. PHS Surgeon General William H. Stewart said the new hospital-based screening program reaching high-risk, low-socio-economic groups offered "a truly effective" means of fighting cancer through the "pap" test for early detection.

Although the "pap" test was developed more than 20 years ago, only 20% of the nation's 62 million adult women received the test last year, the PHS said.

The report of the President's Commission on Heart Disease, Cancer, and Stroke proposed a national cervical-cancer detection program as the next logical step to expand the limited program previously carried out by the PHS' Cancer Control Program. The clinical training programs for cancer control will have $6 million in funds for the next 12 months, double the amount previously available. The grant-aided programs will be carried out by medical schools, hospitals, and such health groups as the American Cancer Society, the American Academy of General Practice and state and local health departments.

After President Johnson named the National Advisory Council on Regional Medical Programs to advise the government on programs authorized by the Heart Disease, Cancer and Stroke law, Dr. James Z. Appel, AMA President, expressed regret that "the AMA was not asked to submit any nominations to this important body."

"Frankly, we are disturbed that the PHS has taken this action in view

Continued



An eminent role in medical practice

- Clinicians throughout the world consider meprobamate a therapeutic standard in the management of anxiety and tension.
- The high safety-efficacy ratio of 'Miltown' has been demonstrated by more than a decade of clinical use.

Miltown® (meprobamate)

Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

Usual adult dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily are not recommended.

Supplied: In two strengths: 400 mg. scored tablets and 200 mg. coated tablets.

Before prescribing, consult package circular.

WALLACE LABORATORIES
Cranbury, N.J.

CM-8761

Continued

of our interest in this Act and the inclusion before its enactment of the 20 amendments we had proposed," Appel said. "You may remember that one of the amendments incorporated into the final bill was our suggestion that the Advisory Council have final authority in approving or disapproving grant requests rather than only advisory authority as initially provided."

Nonetheless, Appel told the AMA House of Delegates in Philadelphia:

"If we provide effective leadership, and if the PHS cooperates, it may be that this law will permit the development of programs which will benefit the public and be acceptable to the profession. I cannot urge you strongly enough, therefore, to take steps now through appropriate state and local society committees to meet with medical school deans, state health department directors, teaching hospital administrators, and department heads in an effort to establish jointly a series of programs under the Act that would be wholly beneficial."

Named to the Advisory Council were:

Dr. Michael E. DeBakey, Houston, who headed the commission that recommended the program; Dr. John Willis Hurst, Atlanta, the President's heart specialist; Dr. George E. Moore, Buffalo, N.Y.; Dr. Clark M. Millikan, Mayo Clinic, Rochester, Minn.; Dr. Cornelius M. Traeger, New York, N.Y.; Dr. Leonidas H. Better, Chicago; Mary I. Bunting, President of Radcliffe College; Gordon Cumming, Sacramento, Calif.; Dr. Bruce Everist, Ruston, La.; Dr. William Peeples, Maryland Health Commissioner; Dr. Robert J. Slater, Burlington, Vt.; and Dr. James T. Howell, Detroit. Surgeon General Stewart will be chairman.

DMSO TESTING DISCONTINUED

Clinical testing of the experimental drug DMSO has been discontinued by voluntary agreement of the drug sponsors and the Food and Drug Administration. The action was prompted by reports of adverse effects on the eyes of laboratory animals. About 1,000 investigators had been testing the drug on thousands of human patients. Both the American Medical Association and FDA previously had warned that attempted self-medication with the material was dangerous.

DSMO is produced as an industrial solvent as well as grades for medical research purposes.

BIRTH CONTROL PILL SIDE-EFFECTS REVIEWED

A special advisory committee of non-government medical experts is conducting a comprehensive review of side-effects of birth control pills.

The Advisory Committee on Obstetrics and Gynecology was appointed in November by the Food and Drug Administration because of reports that women who had taken oral contraceptive pills had suffered thromboembolic phenomena including strokes, thrombophlebitis and pulmonary embolism and various eye and vision manifestations. An article in the "AMA's Archives of Ophthalmology" reported 69 cases of eye ailments, migraine and strokes among women who had taken the pills.

As an interim measure, the FDA directed manufacturers of the pills to put on package labels two warnings—1) use should be stopped if eye problems occur, and 2) women who have had strokes should not take them.

Continued



Lirugen®

is different, *truly* a one shot measles vaccine

Lirugen, unlike any other measles vaccine, is derived from the further-attenuated Schwarz Strain of measles virus. This further attenuation reduces the reaction rate so effectively that the need for the simultaneous use of gamma globulin or prior injections of inactivated vaccines is eliminated. It is truly one shot.

Lirugen is comparable to other live vaccines in effectiveness and duration of protection given:

Clinical trials have established an efficacy of 97% to 100% in measles susceptible children.[1-6]

Recently published evidence provides strong support that one injection of Lirugen should provide lifelong immunity.[7]

Contraindications: Pregnancy; leukemia, lymphoma and other generalized malignancies; brain damage in children under one year of age; febrile illness; allergy to egg proteins, neomycin or streptomycin. Precautions: Use cautiously in patients with a history of tuberculosis and patients being treated with steroids, irradiation, alkylating agents, and antimetabolites. Consult package literature before administering Lirugen.

References:

1. Schwarz, A.J.F.: Amer. J. Dis. Child., **103:** 386-389, 1962.
2. Krugman, S. et al.: Pediatrics, **31:** 919-928, 1962.
3. Andelman, S. L. et al.: J.A.M.A., **184:** 721-723, 1963.
4. Measles Vaccines: W.H.O. Technical Report Series No. 263, 1963.
5. Schwarz, A.J.F.: Annales Paediatrici, **202:** 241-253, 1964.
6. Morley, D. C. et al.: Bull. W.H.O., **30:** 733-739, 1964.
7. Krugman, S. et al.: J. Pediatrics, **66:** 471-488, 1965.

DOW **PITMAN-MOORE** Division of The Dow Chemical Company, Indianapolis

It is estimated that more than four million American women have been taking birth control pills which are manufactured by seven U.S. drug firms.

At its first meeting the seven members of the special committee—all medical school gynecologists and obstetricians—concluded that there was no immediate need for immediate action on the reports of adverse experience with oral contraceptive pills. The committee believed that "final recommendations . . . can safely await the conclusion of its deliberations."

Two more committee meetings were scheduled in January and March. Dr. Joseph F. Sadusk, Jr., FDA Medical Director, said the committee probably would issue its final report following the March meeting.

The FDA put on computer tape and turned over to the committee for evaluation all of the clinical reports it had received on suspected adverse reactions from oral contraceptive drugs. The FDA pointed out that it had "emphasized previously that these are naturally occurring conditions in some women which have been noted as far back as medical experience extends."

In a non-related action, a thirteen-member panel, one of 30 making up the White House Conference on International Cooperation, proposed that the United States make $100 million available over the next three years to help foreign governments carry out family planning programs. The panel also urged that the Federal government set an international example by cooperating with state and local agencies to make birth control information services readily available in this country. Richard N. Gardner, professor of law at Columbia University, headed the panel. ◄

About Our Cover

Indifference to personal freedom can be a fatal disease.

In times of great prosperity and good health, the need for continuing immunization against this destructive malady, "indifference," is often forgotten or ignored.

George Washington and his ragged troops couldn't afford the luxury of sublime indifference. And it took a great deal more than mere "lip service" to solve the problems posed by the British.

Freedom is an everyday battle. Viet Nam is the stark, bloody embodiment of this fact.

Physicians, fighting for their personal beliefs, do not have their lives at stake but they do have much of their personal freedom hanging in the balance.

If their beliefs are to be preserved, *they must vote, influence votes, know all about Medicare and read every line of mail from their front line organizations,* the Indiana State Medical Association and the American Medical Association.

And then act—in the spirit of our individualistic forefathers.

"Freedom is a light for which many men have died in darkness The independence and liberty you possess are the work of joint councils and joint efforts of common dangers, sufferings and success."—Washington's farewell address, Sept. 17, 1796.—Photo by Harold M. Lambert Studios, Philadelphia, Pa.



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NEW FROM TUTAG for fast, emphatic diuretic action with a balanced excretion of sodium and chloride and a lower potassium loss under normal dosage and diet regimen.

DIURETIC ACTION: Clinically, the oral administration of AQUATAG (benzthiazide) results in diuretic activity within two hours with maximal natriuretic, chloruretic, and diuretic effects occurring during the fourth, fifth and sixth hours. Maintenance of response continues for approximately 12 to 18 hours. Acidosis is an unlikely complication since therapeutic doses of AQUATAG (benzthiazide) do not appreciably increase bicarbonate excretion. Edematous patients receiving 50 mg. of AQUATAG (benzthiazide) daily for five days developed a maximal increase in the rate of sodium excretion on the first day, and maintained this high rate until depletion of excessive body stores of sodium.

In congestive heart-failure patients, AQUATAG (benzthiazide) produced the same weight loss, during a 48-hour treatment period as did a maximally effective dose of hydrochlorothiazide.

DOSAGE: Diuresis, initially 50 to 200 mg.; maintenance 25 to 150 mg., daily. Hypertension 50 to 100 mg. initially, adjusted to 50 mg. t.i.d. or downward to minimal effective dosage level.

PRECAUTIONS AND SIDE EFFECTS: Electrolyte imbalance with hypokalemia, hypochloremic alkalosis and hyponatremia may occur. Other reactions may include blood dyscrasias, hyperuricemia and gout, nausea, jaundice, anorexia, vomiting, diarrhea, dizziness, paresthesia, photosensitivity and headache. Insulin requirements may be altered in diabetes.

WARNINGS: Dosage of coadministered antihypertensive agents should be reduced by at least 50%. Use with caution in edema due to renal disease; advanced hepatic disease or suspected presence of electrolyte imbalance. Stenosis or ulcer of small intestine have been reported with coated potassium formulas and should be administered only when indicated. Until further clinical experience is obtained, the use of the drug in pregnant patients should be carefully weighed against possible hazards to the fetus.

CONTRAINDICATIONS: AQUATAG (benzthiazide) is contraindicated in progressive renal disease or disfunction including increasing oliguria and azotemia. Continued administration of this drug is contraindicated in patients who show no response to its diuretic or antihypertensive properties.

Before prescribing or administering, read the package insert or file card available on request.

Available as 25 or 50 mg. scored tablets.

Request clinical samples and literature on your letterhead.

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Detroit, Michigan 48234

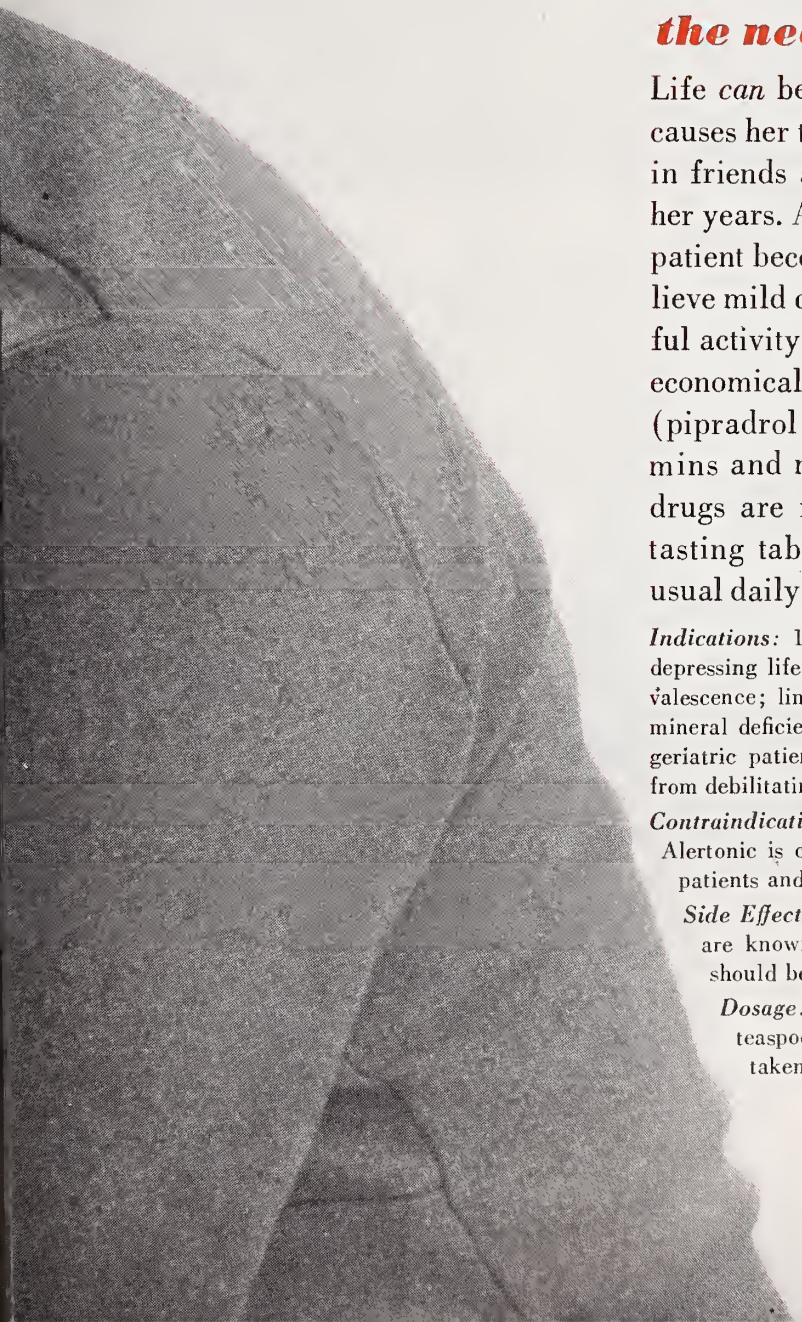
too young to be so tired...



revive interest...restore activity promptly with Alertonic®

Each 45 cc. (3 tablespoonfuls) contains: alcohol, 15%; pipradrol hydrochloride, 2 mg.; thiamine hydrochloride (vitamin B_1) (10 MDR*), 10 mg.; riboflavin (vitamin B_2) (4 MDR), 5 mg.; pyridoxine hydrochloride (vitamin B_6), 1 mg.; niacinamide (5 MDR), 50 mg.; choline†, 100 mg.; inositol†, 100 mg.; calcium glycerophosphate, 100 mg. (supplies 2% MDR for calcium and for phosphorus) and 1 mg. each of the following: cobalt (as chloride), manganese (as sulfate), magnesium (as acetate), zinc (as acetate), and molybdenum (as ammonium molybdate).

*Multiple of adult Minimum Daily Requirement supplied.
†The need for these substances in human nutrition has not been established.



the need for a tonic knows no age

Life *can* begin at forty—except when functional fatigue causes her to feel tired all the time; to start losing interest in friends and surroundings; to look and act older than her years. Alertonic—*a prescription tonic*—can help your patient become her normal self again. Alertonic helps relieve mild depression, revive interest and restore purposeful activity promptly...with a formula that is efficient *and* economical. Alertonic contains a mild central stimulant (pipradrol hydrochloride), 15% alcohol, essential vitamins and minerals. No hormones or MAO-inhibiting drugs are included. No iron. No iodine. One pleasant-tasting tablespoonful before each meal comprises the usual daily dose.

Indications: 1. Functional fatigue such as that often associated with: a depressing life experience or stressful time of life; advancing years; convalescence; limited activity or confinement. 2. Poor appetite and vitamin-mineral deficiency as they occur in: patients having faulty eating habits; geriatric patients who are losing interest in food; patients convalescing from debilitating illness or surgery.

Contraindications: As with other drugs with CNS-stimulating action, Alertonic is contraindicated in hyperactive, agitated or severely anxious patients and in chorea or obsessive-compulsive states.

Side Effects: Reports of overstimulation have been rare. Patients who are known to be unduly sensitive to the effects of stimulant drugs should be observed carefully in the initial stages of treatment.

Dosage: Adults, 1 tablespoonful; children (over 15 years old), 1 to 2 teaspoonfuls; children (4 to 15 years old), 1 teaspoonful. To be taken three times daily 30 minutes before meals.

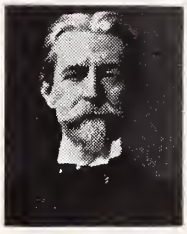
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Letter to the editor

November 20, 1965

To the Editor:

I have just read your well written "Indiana Tornado Report" (Vol. 58:11, p. 1244). The Kokomo radio station WIOU on AM frequency has recently installed more equipment and other facilities to more quickly alert people in this area of tornado danger. Other stations should follow this lead.

It is my opinion that responsible family heads should install in their homes a combination tornado and fallout shelter and properly equip them. Such a shelter in each home would have saved many lives and prevented many injuries in recent tornados.

J. V. CARTER, M.D.
Tipton

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(Formerly Harding Sanitarium)
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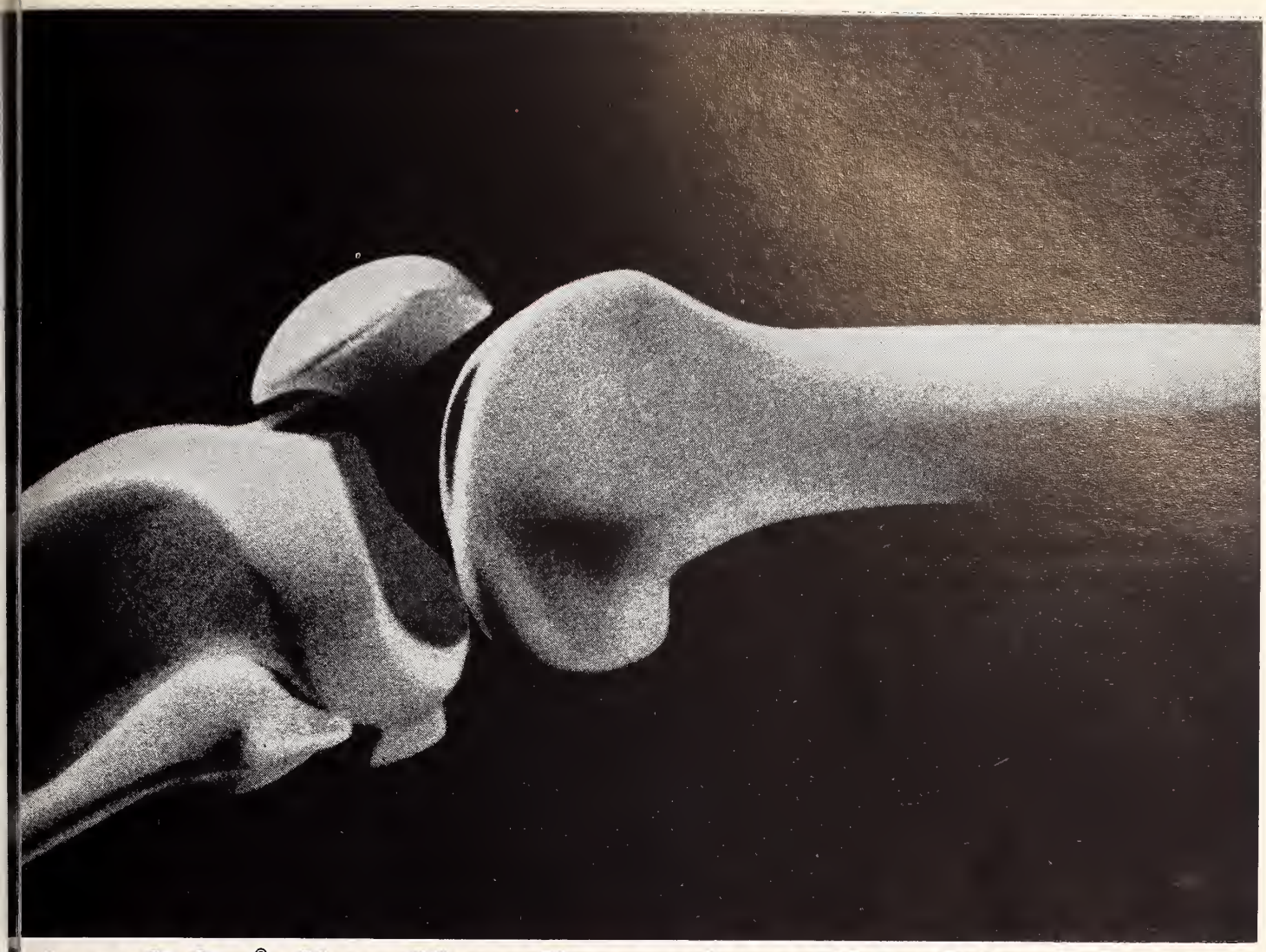
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aindications

a, danger of cardiac decompensation; y or symptoms of peptic ulcer; renal, ic or cardiac damage; history of drug y; history of blood dyscrasia. The drug d not be given when the patient is se- r when other potent drugs are given rrently. Large doses are contraindi- In patients with glaucoma.

utions

n a detailed history and a complete cal and laboratory examination, includ- ing a blood count. The patient should be closely supervised and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Make regular blood counts. Use greater care in the elderly.

Warning

If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy.

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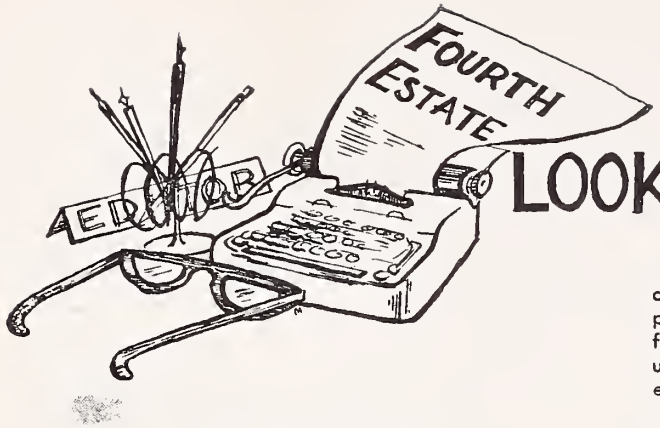
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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

The Right Way

By saying participation in the Federal "medicare" program is up to the individual physician, the Indiana State Medical Association has taken the right course in a difficult situation.

"Medicare" is a Federal effort to penetrate the medical profession, and no doctor is obliged to participate in it if he does not want to. The state association took proper notice of this, and affirmed the right of individual physicians to participate or not as they see fit.

The alternative course of boycotting the program as a group would, in our opinion, have aimed at the same result with less effect. The point of the physicians' protest is precisely that it introduces the hand of government into medical affairs, and thus intrudes a compulsory element into what should be a voluntary situation.

Under these conditions, the alternative is not mass action through boycott; it is to reaffirm the right of every individual physician to follow his own conscience and assessment of the situation. This is the course the ISMA has chosen.

"Medicare" is a bad law, and one which has been foisted on the American people by dubious representations. As such, it should be opposed by all responsible means, by public discussion, and by continued examination of its workings. In particular, close public attention should be focused on the effect it has on an already burdensome and rapidly deteriorating Social Security system.

An impression of mass defiance of the law, however, would be unfortunate. We have seen a good deal recently of boycotts, "civil disobedience," and disregard for laws on the books. The net effect has been extremely harmful to the nation, and to community standards of law and order.

For the medical profession to launch a boycott of its own would, in this context, strengthen the notion that laws displeasing to this or that segment of society can be disregarded at will by the groups whose interests are at stake. There is nothing in the law to compel any individual physician to render services if he does not want to; so any doctor can, as the ISMA resolution states, opt out of the program by informing a patient beforehand that his policy is not to accept "medicare" payments.

This is the right course, both in terms of personal freedom and of respect for the law. It is up to the individual doctor to decide, in his own conscience, whether or not he wants to participate in the "medicare" program.—*Indianapolis News*, Oct. 19, 1965.

Killing Off Lifesavers

When the late Senator Estes Kefauver's new drug regulation bill was passed by Congress in 1962, most major drug manufacturers said they thought they could live with it. They seem to be doing so, but the standard of progress is suffering.

A recent editorial in *Barron's*, national business and financial weekly, says that the rate of new drug and drug product introductions has been cut about to one-third of the former level. Such a decline in development of a basic tool of medical work and advancement can hardly be called anything but tragic.

Barron's blames the drop squarely on the application of the new regulations by the Food and Drug Administration. It says,

quoting one manufacturer, that "new drug development has been slowed by requirements for immensely expanded paper work, and by the inability of the understaffed FDA to keep pace with the increased workload." *Barron's* accuses the FDA of "an excess of bureaucratic zeal" in cases involving labeling and safety of pharmaceuticals. It further says that "irresolution and delay on approving new discoveries have become the agency's standard operating procedure."

The *Barron's* editorial cites some examples of long delays in new product approvals. Most dramatic is that of a product designed to reduce cholesterol levels in the blood. It has been sold in Canada and Europe for more than five years. But the manufacturer is still trying to get FDA approval to sell it in the United States, and recently was required to file supplementary application material consisting of 18,000 pages of data in 18 volumes.

Both the enactment of the new regulations and FDA's new policies are largely products of the thalidomide affair. While Kefauver had turned out plenty of sensational charges in his drug industry investigation, he had not succeeded in stirring Congress to action up to that time.

The thalidomide story of drug-induced deformities in unborn children was indeed shocking. Now that some time has passed, however, it should be possible to review its lessons without the panic which prevailed three years ago. It should also be possible now to review, in a calmer and more thoughtful atmosphere, the need for and the fruits of the tightened policies of drug regulations which have been placed in effect.

As *Barron's* said, quoting its own words of three years ago, "Scientific advance inevitably involves risk. Federal regulation can impede progress. It cannot cure diseases or save lives."

The purpose of Federal drug regulation is to protect life and health. It's time to take a fresh look at the methods, in balance with the lifesaving values of pharmaceutical progress—*Indianapolis Star*, Dec. 6, 1965.

The Next Logical Step

Suggestions are already sprouting in Congress for "improvements" in the new medicare program, even though the hospital benefits and doctor-bill insurance don't take effect until next July. Mostly, you can be sure, the proposals would simply mean more Government service at greater public expense.

No one quarrels with the idea that Society should care for its needy, elderly or not. That's far different, however, from providing care for all elderly citizens, whether they need it and want it or not. Once this "free" care-for-all concept was established, the politicians' next moves may have been predictable.

Recently, for example, New Jersey's Democratic Senator, Harrison A. Williams, advanced what he considers "the next logical step" after medicare. He calls it "preventicare." The idea, he told the Senate, is to provide a voluntary program under which persons over 65 would be warned of coming chronic diseases in time to ease or avert them. Eventually, the Senator said, he visualizes a nationwide network of health screening centers.

It's certain that preventicare won't be the end of it. Already, there are other proposals for broadening health care for elderly Americans. And if it's perfectly proper for the Government to look after the health needs of all its older citizens, rich or poor, sooner or later someone will insist it's discriminatory to draw the age line at 65.

Moreover, if Americans can be totally relieved of the burden of looking after their own health, what's to stop the Government from taking over citizen's other responsibilities? Washington could provide homes for all, jobs for people who want to work and incomes even for those who don't. There are, in fact, would-be opinion-makers who urge some such all-pervasive "lifeacare."

To many of us the prospect may seem absurd. But once you accept the premise that citizens must turn over their health problems to Government, whether they want to or not, lifeacare is only a few "logical" steps away.—*Wall Street Journal*, Nov. 5, 1965. ◄



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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
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The Probable Cause of Spontaneous Perforation of the Colon

RICHARD J. NOVEROSKE, M.D
Princeton, Ind.

THE TERM spontaneous perforation is used to define perforation which occurs in an apparently normal bowel without any obvious cause.

The incidence of spontaneous perforation of the colon is difficult to assess; it is thought to be a rare event, probably because it is not considered unless the patient comes to surgery or autopsy. It may be more common than case reports indicate.

Recently there have been a number of case descriptions and reviews of the literature for this entity, particularly by British authors.[4,6,7] More cases are now being reported and excellent summaries of the findings are available. The age distribution of spontaneous perforation ranges from 15 to 76 years, with most cases occurring in the middle-aged and elderly. Males and females are equally affected.

The perforation usually occurs in the rectosigmoid area, i.e., on the anterior aspect of the distal sigmoid and proximal rectum, just above the peritoneal reflection, particularly when the sigmoid and rectum are filled with hard feces.[4] It may also occur in more proximal portions of the colon.

The perforation itself consists of a 3 to 8 cm. tear in the serosa and muscularis, with the axis of the tear often longitudinal and on the antimesenteric surface. In the base of this muscular tear there is usually an 0.5 to 4.0 cm. hole in the mucosa, with the mucosal edges flat or everted. The adjacent bowel in all of these cases is normal.[4,6,7] Sometimes the perforation is incomplete, i.e., through the muscularis alone, with the mucosa intact; a hematoma may be present because of torn vessels.[5]

Associated findings are the presence of constipation in the majority of these patients; a history of severe low abdominal pain occurring with defecation, in sleep or while straining; pain, shock and abdominal rigidity due to peritonitis; or death.[4,6,7] Some of these patients have an irritable colon syndrome[5] and some perforate more than once.[5,6]

Spontaneous perforation of the colon is probably due to the combination of a high transmural pressure from a forceful mass movement, a distal obstruction and a relatively wide radius creating a tension that exceeds the tolerance of normal colon.

Experimental Evidence

Burt[1] demonstrated that perforation of normal intestine occurs in two steps: first a split in the muscularis, often longitudinal, then with increasing pressure, a blowing out of the mucosa. It is instructive to review an illustration of normal colon, perforated by high pressure in its lumen (Figure 1). The appearance is the same as that described in case reports of spontaneous perforation.

The pressures necessary to perforate segments of bowel in recently deceased humans were also listed by Burt.[1] In 14 specimens, the lowest pressure necessary to perforate

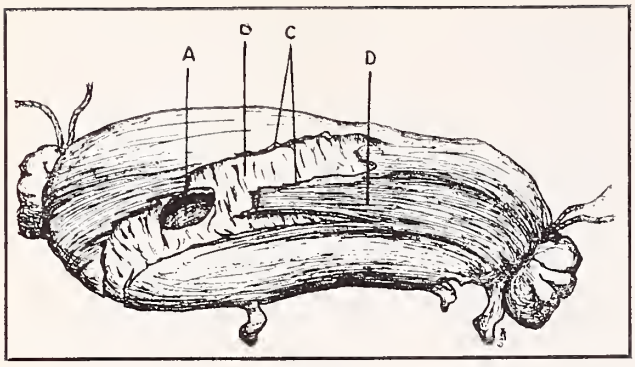


FIGURE 1

A SECTION of colon, showing a perforation (A) in the mucosa (B), which is herniated through a laceration in the serosa and muscularis (C). The laceration extends principally along the longitudinal band (D). (Burt, Arch. Surg., June, 1931.)

the sigmoid muscularis and mucosa was 139 mm. Hg. (Figure 2). The pressures required to perforate the rectum were measured with the rectum dissected out of the pelvis. In three adult specimens, the lowest pressure required to perforate the rectal muscularis and mucosa was 109 mm. Hg. Although these perforating pressures were measured in dead tissue, extrapolation of these data to living human intestine is reasonably valid; a comparison of the tensions required to perforate segments of intestine in dogs, alive and anesthetized or recently sacrificed, demonstrated no significant variation.[8]

Relatively high pressures are present normally in the colon about three or four times a day when a Type IV wave (mass peristalsis or mass propulsive movement) moves feces and gas distally; these mass movements occur more often with ulcerative colitis and pressures up to 100 cm. of water (74 mm. Hg.) have been recorded.[3] These pressures, measured in non-obstructed pelvic colons, are considerably less than the pressures required to perforate the sigmoid or rectum in Burt's data (Figure 2.)

However recent measurements of rectal pressure during barium enemas, with the rectal outlet obstructed by a balloon catheter and the enema can at four and five feet above the table, demonstrated that the colon is capable of contracting with increased force against increased resistance (Figure 3).[8] In one patient, a sustained contraction with a pressure of 112 mm. Hg. was recorded when the enema can containing a relatively low viscosity barium sulfate suspension was raised to five feet. This high pressure was not due to straining; it was present between straining efforts.

Perforation of the colon or perforation of any cylinder is not due to the pressure of the fluid in the cylinder alone. Instead the tension that tends to tear apart the wall of a cylinder is equal to the product of the radius of the cylinder times the transmural pressure, i.e., the change in pressure across the wall of the cylinder (Figure 4).[2] The data of Figure 2 coincide with the Law of Laplace: infant intestine has a greater tolerance for pressure than adult intestine, and the wide portions of adult intestine perforate at lower pressures than do the narrower portions. This application of the Law of Laplace to the colon indicates that for a given pressure, the widest portion of the colon that is not supported circumferentially will develop the most tension in its walls and be most liable to rupture.

Because Type IV waves move colonic content distally, it is the distal part of the colon that is subjected to the high pressures of these mass propulsive movements. Although the rectum is the widest part of the distal colon, most of it is surrounded by soft pelvic tissue that gives it circumferential support. The change in pressure across the wall of the rectum is probably very small, except for that small portion that is located just above the peritoneal reflection. The rectosigmoid, however, is the widest part of the free colon and spontaneous perforations occur there most often.

Discussion

The low incidence of spontaneous perforation is due to the infrequency of a very forceful Type IV wave combining with a wide portion of the colon in the presence of distal obstruction. The presence of chronic constipation, however, alters these factors to make perforation more likely, for with constipation, there are associated obstructions of the rectum and often of the sigmoid by hard feces, increased resistance to emptying and therefore stronger mass propulsive movements, with some dilatation of the colon.

Although spontaneous perforations usually occur just above the peritoneal re-

BURSTING PRESSURES* OF SECTIONS FROM THE RECTUM,** SIGMOID, TRANSVERSE COLON, CECUM, AND ILEUM (AFTER C.V. BURT)

SEX	AGE	RECTUM		SIGMOID		TRANSVERSE COLON		CECUM		ILEUM	
		Serosa	Mucosa	Serosa	Mucosa	Serosa	Mucosa	Serosa	Mucosa	Serosa	Mucosa
M	5 1/2 mos.	536	646	556	615	318	357	169	307	456	496
F	8 mos.	...	...	278	576	258	332	159	377	...	...
M	11 yrs.	...	...	526	605	...	...	...	...	258	397
F	21 yrs.	238	258	278	318	139	179	60	139	437	437
F	30 yrs.	...	...	119	292	79	214	40	50	179	198
M	30 yrs.	...	...	179	188	60	119	...	...	139	139
M	37 yrs.	...	...	139	159	...	...	57	99	179	179
M	42 yrs.	...	...	198	238	99	149	109	149	139	139
M	42 yrs.	...	...	139	139	99	159	...	...	159	318
				119	168						
M	43 yrs.	...	...	139	139	89	114	79	119	278	278
M	45 yrs.	99	109	139	149	79	89	...	...	278	278
F	50 yrs.	...	...	139	159	...	...	...	...	228	258
F	60 yrs.	...	...	119	179	40	79	79	99	278	278
F	60 yrs.	...	...	134	179	99	119	40	79	...	...
						79	109				
M	62 yrs.	...	...	248	258	79	139	60	99	238	238
M	64 yrs.	...	...	60	154	89	95	60	60	159	159
M	78 yrs.	198	198	119	179	119	149	50	60	248	248

*Segments of gut were perforated with compressed air; rate of pressure increase was about 20 mm Hg per second. These pressures, tabulated in psi in Dr. Burt's paper, have been divided by 0.01915 to convert them to mm Hg.
**Segments of rectum were dissected out of the pelvis, prior to testing.

FIGURE 2

BURSTING pressures af sectians fram the rectum, sigmaid, transverse calon, cecum and ileum. Segments of gut from fresh autapsy material were perforated with campressed air; the rate af pressure increase was about 20 mm. Hg. per second. These pressures, tabulated in psi in Dr. Burt's paper, have been divided by 0.01915 ta canvert them ta mm. Hg. The segments af rectum were dissected aut of the pelvis prior to testing. (Burt, Arch. Surg., June, 1931.)

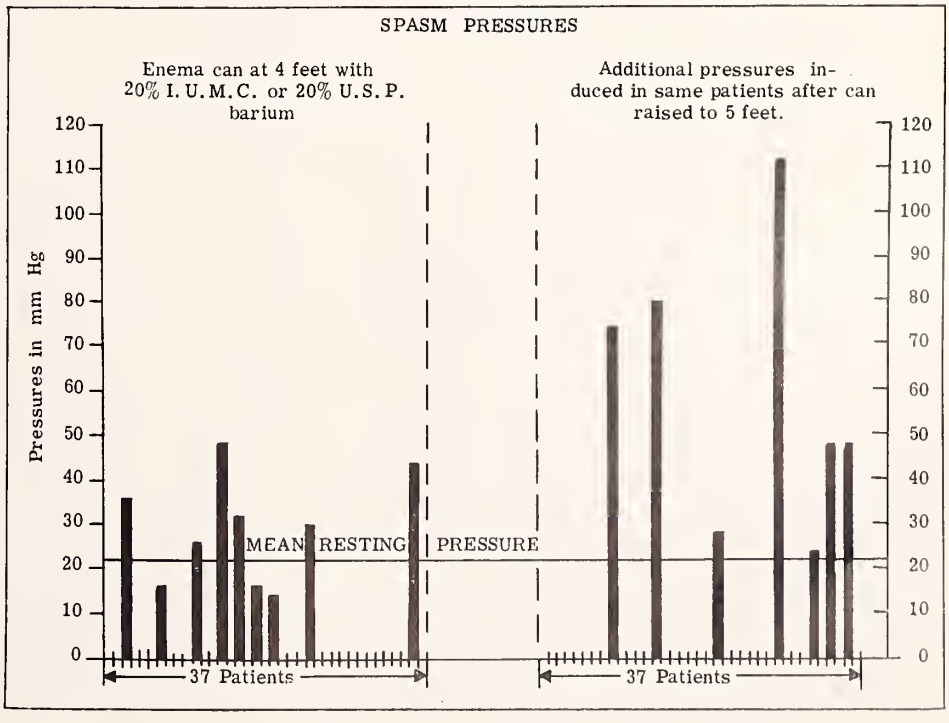


FIGURE 3

THE SPASM pressures that occurred in 37 patients who received enemas with law ar medium viscosity barium sulfate suspensions are shown. On the left are the pressures present initially with the enema can at faur feet; on the right are the new pressures that appeared after the can was raised to five feet. (Noveraske, Amer. J. af Roentgenol., 1964.)

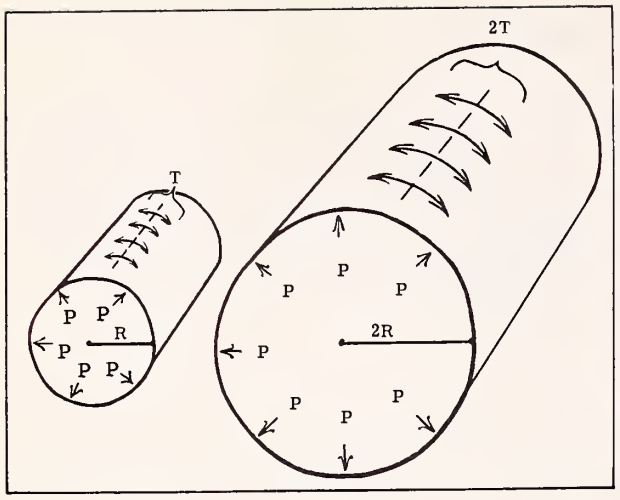


FIGURE 4

DIAGRAM of the Laplace theorem, as applied to cylinders. Although the pressure is the same in each cylinder, the tension that is pulling apart the wall of the cylinder with a radius of 2R is twice the tension in the cylinder with a radius of R. (Noveroske, Amer. J. of Roentgenol., 1964.)

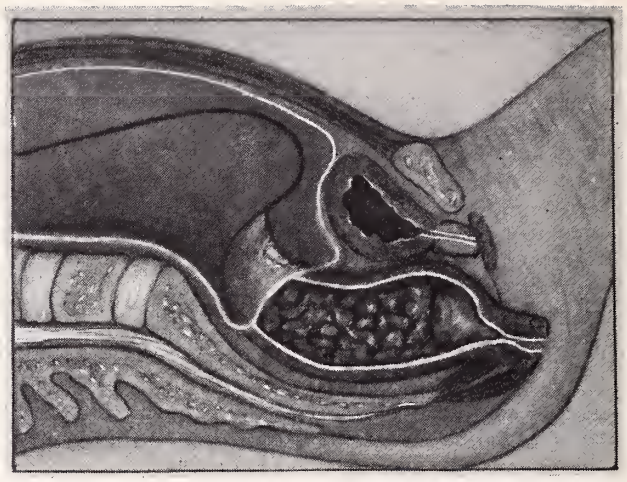


FIGURE 5

THE MECHANISM of spontaneous perforation of the distal colon. A powerful mass movement pushes against the impacted feces in the rectum. The high transmural pressure and the wide radius of the rectosigmoid create a tension that tears apart the normal wall of the colon.

flection, they do occur elsewhere. Perforations that occur in the sigmoid are associated with fecal masses filling the sigmoid,[4] and it is likely that pressure is dampened distally by the fecal mass so that little tension is created in the wall of the rectosigmoid. It is reasonable to expect the narrower sigmoid to perforate when obstructed distally, only if a severe Type IV wave develops more pressure in the sigmoid than is necessary to perforate the wider rectosigmoid. The relatively smaller incidence of sigmoid perforation is probably due to the rarity with which the requirement for an even stronger Type IV wave is met.

Consistent with the Law of Laplace, when spontaneous perforation of the colon recurs, the second perforation is not at the same site as the first.[5,6] The fibrosis and slight contraction that follow a satisfactory repair make the original site slightly narrower and less susceptible to future perforations.

Spontaneous perforations of normal ascending colon can occur in the absence of constipation or distal obstruction.[10] According to the Law of Laplace, one would expect the large radius of the ascending colon to create a high tension in the wall if a moderately high transmural pressure is present. The ileocecal valve has a marked variation in the amount of reflux pressure it can withstand; it can resist a pressure of 97 cm. of water (71 mm. Hg.).[9] Perhaps further research will demonstrate a proximally directed pressure component to some Type IV waves or the existence of reverse Type IV waves.

Usually only those patients who sustain a perforation of both muscularis and mucosa come to surgery or autopsy and are diagnosed. Since the muscularis perforates at a considerably lower pressure than the mucosa, it is likely that many incomplete perforations of the colon are occurring and simply not being recognized. Were it possible to count these incomplete perforations, the incidence of spontaneous perforation would probably not be so rare as the few collected cases indicate.

Although straining is often present in patients who experience spontaneous perforation of the colon, it is difficult to believe that straining alone is the cause of perforation. The effect of increasing the intra-abdominal pressure is to decrease the change in pressure across the intestinal wall and therefore reduce the tension in the wall; straining essentially "splints" a viscus whose fibers are under tension. The author has observed patients strain repeatedly during cramping pain from a Type IV wave in an effort to ease the pain, and feels that a woman in labor reflexly "bears down" with the uterine contractions when the cer-

vical canal is completely dilated for the same reason. Straining is probably reflex because of pain, and it is protective rather than causative for spontaneous perforation of the colon.

Prevention

Effective prevention of spontaneous perforation will probably result from prevention and treatment of constipation. Keeping the stools soft and removing fecal impactions are indicated. If parasympatholytic drugs are believed to be effective in reducing the incidence and strength of mass propulsive movements, then their use is also indicated.

Summary

The incidence and findings with spontaneous perforation of the colon are reviewed and experimental evidence is cited.

A theory for the cause of these perforations is presented. Spontaneous perforation of the normal colon is probably due to the combination of a high transmural pressure from a forceful mass propulsive movement, a distal obstruction and a relatively wide radius creating a tension in the wall that exceeds the tolerance of normal colon.

Prevention of this entity consists of preventing and treating constipation and perhaps use of parasympatholytic drugs to reduce the incidence and severity of mass propulsive movements.

Acknowledgment

Dr. Ewald E. Selkurt, Professor and Chairman of the Department of Physiology, Indiana University Medical Center, gave suggestions and critical review freely during the research that lead to this theory. I gratefully acknowledge his guidance. I am also grateful to Dr. William A. Tosick, Director of the Radiology Department, Marion County General Hospital, Indianapolis, for directing my attention to this clinical entity.

Miss Beth Sherman, medical artist at the Indiana University Medical Center, was most skillful in preparing the drawing for Figure 5.

I am indebted to Dr. Con Amore V. Burt and *The Archives of Surgery* for permission to reproduce the illustration of Figure 1 and the data of Figure 2.

I am also indebted to *The American Journal of Roentgenology, Radium Therapy and Nuclear Medicine* and Charles C Thomas, publisher, for permission to reproduce the data of Figure 3 and the illustration of Figure 4.

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Menghini Needle For Removal of Liver Tissue for Biopsy

WILLIAM SHEILS, M.D.*
JUSTIN ISERT, M.D.**
STANLEY CHERNISH, M.D.***
Indianapolis

DURING the latter part of the 19th century, needle puncture of the liver was practiced for many years in the diagnosis and treatment of hepatic abscess. However, biopsy was not used to any extent as a diagnostic tool in liver disease until the report of Iverson and Roholm[1] in 1939 in patients with acute hepatitis.

For many years, the Vim Silverman needle was widely used for obtaining a specimen of the liver for biopsy. However, the complexity of the technic and the size of the needle limited needle removal of liver tissue for biopsy to highly qualified operators. The development of the "one-second liver biopsy" by Menghini[2] in 1958 extended the use of the procedure. The method advocated by Menghini has the advantage that a smaller diameter needle is in the liver for the very short time of one second. The removal of liver tissue for biopsy is easy to perform and causes the patient little discomfort. It is the method of choice in children.

This report describes our experiences with the use of the Menghini needle as a diagnostic tool in patients seen at Marion County General Hospital. The procedure was performed by medical residents under staff supervision. As the residents became proficient in the technic, a staff physician was not always present during the procedure. This study confirms the safety and simplicity of this technic.

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** Resident in medicine, Marion County General Hospital.

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Material and Methods

The Menghini needle is a thin-walled, 0.1 mm. thick, relatively short needle with a Luer-Loc adapter hub. Needles are available in 1 mm., 1.2 mm. and 1.4 mm. internal diameter and 3.5 cm. and 7 cm. lengths. The shorter, smaller needles are used in infants and young children and the longer, larger needle in adults. We have used the 1.4 mm. x 7 cm. needle exclusively. The tip of the needle is unique in that it is oblique and slightly convex, with its edges sharpened all the way around at a 45° angle (Figure I).

A cylinder of liver tissue is obtained simply by a rectilinear thrust, rather than by rotating the needle. At the upper end of the needle is an internal blocking device called a nail. It prevents the specimen from entering the syringe and fragmenting and also passively regulates the force of aspiration. The nail is approximately 3 cm. long, oval and 0.2 mm. smaller than the diameter of the needle. A small flattened area at the upper end prevents the nail from entering the needle further or from being aspirated into the syringe.

Biopsy Tray

The contents of the biopsy tray are as follows:

Menghini liver biopsy needle 1.4 mm. x 7 cm., special nail and skin cutting stylet
1 — ½ in. 25-gauge hypodermic needle
1 — 1 in. 20-gauge hypodermic needle
1 — 5 cc. Luer-Loc syringe
1 — 10 cc. Luer-Loc syringe
10 — 4 x 4 dressings
2 medicine glasses
3 towels

Also needed:

1 — 20 cc. vial of sterile saline
1 multiple dose vial of 1% xylocaine

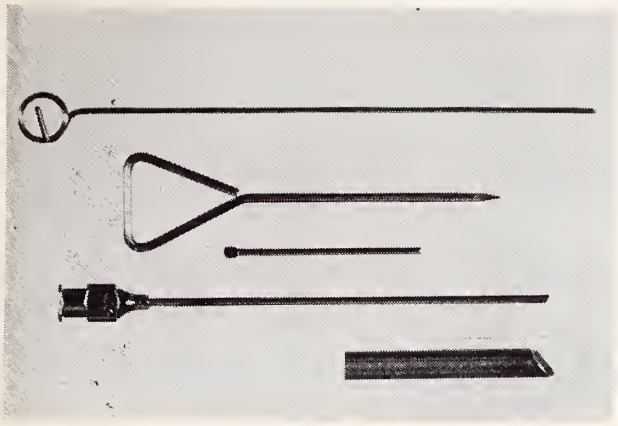


FIGURE 1
INCLUDED from top to bottom are the needle stylet, skin cutting stylet, special nail, Menghini liver needle, 1.4 mm. x 7 cm. and a close-up of the tip of the needle.

Quantity of green soap, ether and merthiolate necessary to prepare patient
1 pair sterile gloves
1 container with 10% formalin

Preparation

In the absence of a history of a bleeding tendency, a prothrombin time is the only coagulation test done routinely. In a number of patients, a bleeding and coagulation time were also obtained. A liver puncture is considered safe if the prothrombin time is above 50% and the bleeding and coagulation times are within normal limits. If unusual bleeding is noted at the time of skin perforation, the procedure is postponed and additional hematologic studies obtained. Vitamin K was not administered routinely.

Unless the patient is quite apprehensive, no preoperative medication is given. Patients requiring sedation are usually given either 50 mg. of meperidine hydrochloride alone or with 25 mg. promethazine hydrochloride approximately 30 minutes prior to the removal. Food is withheld for approximately six hours prior to the procedure.

The patient is placed in the supine position and turned slightly to the left. The head is turned to the left and the right arm adducted and lifted so that the right hand may hold the edge of the bed at the level of the left shoulder. The upper and lower limits of hepatic dullness in full expiration are determined.

The first interspace below the level of relative hepatic dullness, between the anterior and midaxillary line is usually chosen as the site of puncture. In patients with marked hepatomegaly, the needle is introduced subcostally. When a discrete nodule is present, an attempt is made to sample the nodule. The patient's skin is cleaned with green soap, ether and merthiolate and the area properly draped with sterile towels. The skin, subcutaneous tissue and pleura are infiltrated with 2 to 3 ml. of 1% xylocaine. Glisson's capsule is not routinely infiltrated. The skin is perforated with the special skin-cutting stylet supplied with the needle.

Technic

The Menghini needle is obturated with the nail and attached to a 10 ml. Luer-Loc syringe containing three ml. of normal saline. The needle is inserted for about 4-5 mm. through the opening made by the stylet. One ml. of saline is injected to free the needle of any subcutaneous tissue. The plunger is withdrawn to approximately the 5 ml. level to create a slight suction and if the intercostal route is used, the patient is asked to hold his breath in full expiration. If the subcostal route for puncture is used, the patient is asked to hold his breath in full inspiration. The syringe and needle are directed almost perpendicular to the skin, slightly downward and posteriorly in relation to the patient's body.

The needle is quickly advanced to its entire length and withdrawn rapidly without hesitation or rotation. Following extraction of the needle, the negative pressure in the syringe is slowly relieved. The tissue is gently expelled onto a piece of absorbent paper and then dropped into a bottle containing formalin (10%). If no specimen is obtained, the procedure may be immediately repeated.

Postoperative Care

A small dressing is applied to the area of puncture and the patient instructed to lie on his right side for the next four hours in order to maintain hemostasis. The following orders should be written:

(a) Blood pressure, pulse, respiration every 15 minutes x 6, every 30 minutes x 6, then every hour for 24 hours.
(b) Clear liquids by mouth for the remainder of the day, then resume diet.

BIOPSY DIAGNOSIS OF TISSUE OBTAINED

Biopsy Diagnosis	No. of Patients
Normal liver	8
Laennec's cirrhosis	11
Postnecrotic cirrhosis	2
Periportal fibrosis	5
Early central lobular fibrosis	1
Fatty metamorphosis	7
Infectious hepatitis	6
Non-specific hepatitis	4
Metastatic carcinoma of the liver	6
Lymphomatous involvement of the liver	
Granulomatous disease of undetermined type	1
Chronic granuloma consistant with sarcoidosis	1
Hemochromatosis	1
Liver with a small amount of hemosiderin	1
Bile stasis	1
Chronic passive congestion	2
Non-diagnostic	5
Insufficient tissue	1

TABLE 1

(c) Complete bed rest until morning.
(d) Hemoglobin and hematocrit in the morning.
(e) Notify physician of any significant change in vital signs, dyspnea or unusual pain.

Results

During an 18-month period, 64 diagnostic liver punctures were performed with the Menghini needle. Insufficient tissue to make a diagnosis was obtained in only one case. There were 38 men and 26 women in the series, ranging in age from 17 to 83 years. A list of the diagnostic interpretation of the tissue obtained is presented in Table I. A non-diagnostic report means that the section of liver seen was not perfectly normal but did not have significant pathology for a definite diagnosis. The laboratory findings in those patients with normal liver tissue are summarized in Table II.

Laboratory studies carried out, in the majority of the 64 patients following admission, consisted of determinations of a prothrombin time, serum bilirubin, alkaline phosphatase, thymol turbidity, transaminase, total protein, albumin and globulin. In a number of patients, serum cholesterol, bromsulfalein test and a serum cephalin flocculation were also obtained. All of these tests were not completed in every patient. The number of studies and percentage of abnormal findings in a representative number of the liver function tests are presented in Table III.

The frequency of abnormal physical findings is presented in Table IV. Hepatic metastasis with a palpable nodule was noted in one patient with suspected carcinoma. In this patient, a specimen of the nodule was obtained. This patient had an adenocarcinoma with a liver abscess which was punctured. The patient responded promptly to antibiotic therapy. Eight patients were found to have a malignancy in some other site of the body. Of these, six were demonstrated by biopsy to have liver metastasis.

RESULTS OF LIVER FUNCTION TESTS AND PHYSICAL FINDINGS IN THE EIGHT PATIENTS WITH NORMAL TISSUE DIAGNOSIS

	Total Tests	Abnormal Number	Percent Abnormal
Total serum bilirubin (above 1.1 mg. %)	7	1	14.3
Serum alkaline phosphatase (above 13 K.A. units)	5	1	20
Cephalin flocculation (+3 or above in 48 hours)	2	1	50
Thymol turbidity (above 5 units)	3	1	33.3
Bromsulfalein retention (above 5% in 45 min.)	2	1	50
	Number of Patients		Percent
Hepatomegaly	3		37.5
Splenomegaly	1		12.5
Ascites	0		0

TABLE II

FREQUENCY OF ABNORMAL LIVER FUNCTION TESTS

	Total Number of Tests	Number Abnormal	Percent Abnormal
Total serum bilirubin (above 1.1 mg. %)	56	35	62.5
Serum alkaline phosphatase (above 13 K.A. units)	55	24	44
Cephalin flocculation (+3 or more in 48 hrs.)	27	16	59.3
Thymol turbidity (above 5 units)	39	17	43.6
Transaminase (above 40 units)	46	39	84.8
Bromsulfalein retention (above 5% in 45 min.)	26	19	73.1

TABLE III

Premedication was administered to nine (15%) of the patients. In all cases the procedure was simple, quick and in most cases completed with a minimum of pain during and following the procedure. There were no deaths. In eight patients, symptoms developed which could be attributed to the procedure. These included one patient with moderately severe pleuritic pain, two with pain in the area of the puncture, one with abdominal pain and mild peritonitis, two with right shoulder pain, one with nausea and one patient with abdominal pain and intra-abdominal bleeding. The latter case occurred in a 24-year-old patient with infectious mononucleosis. Following liver puncture, the patient's hemoglobin dropped 4 grams in 24 hours. Transfusion with two units of whole blood was given. Bleeding ceased spontaneously and no other therapy was needed. The route of puncture, postoperative symptoms and complications are presented in Table V.

Vitamin K was used when the prothrombin time was below 50%, but it was not given routinely to all patients. Ascites was present in 11 patients and was removed by paracentesis in seven prior to diagnostic liver puncture. The remaining four patients had mild or moderate ascites, not sufficient to interfere with the procedure. In three patients, liver puncture was performed without complication, when the total bilirubin was over 15 mg.%. In these cases, tissue was removed to confirm the clinical impression of primary hepatocellular disease.

FREQUENCY OF POSITIVE PHYSICAL FINDINGS IN THE 64 PATIENTS

Clinical Findings	No. of Patients	Percent
Clinical jaundice present	29	45.3
Hepatomegaly	44	68.7
Splenomegaly	8	12.5
Ascites	11	17.1

TABLE IV

Comment

Percutaneous removal by needle of tissue for biopsy of the liver is a useful tool in establishing or confirming a diagnosis in practically all diffuse lesions and many focal lesions of the liver. Needle removal should always be regarded as a potentially lethal procedure. Patients must be carefully

ROUTE OF PUNCTURE, POSTOPERATIVE SYMPTOMS AND COMPLICATIONS

Route of Puncture:	
Transcostal	56
Subcostal	8
Postoperative Symptoms and Complications:	
None	56
Nausea	1
Reports of pain	7
Mild:	
Area of puncture	2
Shoulder	1
Moderate:	
Pleuritic	1
Shoulder	1
Abdominal pain with intra-abdominal bleeding	1
Severe:	
Abdominal pain with peritonitis	1

TABLE V

selected and a real indication must be present before tissue is removed by needle. The usual indications for diagnostic liver puncture are:

(1) Unexplained hepatomegaly
(2) Unexplained abnormal liver function studies
(3) Jaundice of questionable etiology
(4) Suspected primary or secondary tumor of the liver
(5) Suspected systemic disease (granulomas, amyloidosis, hemochromatosis, glycogen storage disease)
(6) Evaluation of therapy or to follow natural course of disease

Confirmation of hepatic metastasis was obtained in six of eight patients in this series. This is in agreement with the experience of other investigators.[3,4] Removal of liver tissue by needle may make it unnecessary to perform a major surgical procedure for definitive therapy of a malignancy by demonstrating the presence of metastasis. Although the differentiation between intrahepatic and extrahepatic cholestasis is very difficult, the finding of typical viral hepatitis by biopsy may also make surgery unnecessary in a patient with unexplained jaundice. In certain cases of chronic familial jaundice, diagnosis may be made by biopsy, thus preventing prolonged bed rest for possible chronic infectious hepatitis.

The size of the specimen obtained with the Menghini needle is somewhat smaller than that obtained with the Vim Silverman needle. In our experience this has not been a disadvantageous factor in tissue diagnosis. We were impressed with the reliability of the method, as tissue was obtained in 97% of the patients. Contrary to the reports of others, no difficulty was experienced in obtaining adequate tissue in patients with cirrhosis.

Parker, et al.,[5] reported a 22.7% failure with the Vim Silverman needle and a 5.4% failure with the Menghini needle. He reports an overall mortality of 6% following 568 punctures. All of the deaths occurred with the Vim Silverman needle. Krarup[6] emphasized that the risk in needling the liver increases directly with the caliber of the needle. The hazard of bile peritonitis following puncture in patients with marked obstructive jaundice is reduced with the use of smaller bore needles.

In this study, the following were considered contraindications to diagnostic liver puncture:

A. Absolute contraindications
 1. Confused, uncooperative patient
 2. Prothrombin time less than 50%
 3. Prolonged bleeding from skin perforation at time of needling
 4. Patient with spontaneous bruising, bleeding or a coagulation defect
 5. Marked degree of anemia
 6. Local infection

B. Relative contraindications
 1. Marked ascites
 2. Best avoided in the deeply jaundiced patient in whom it carries an extra risk of hemorrhage
 3. Long-standing extrahepatic obstructive jaundice
 4. Severe emphysema
 5. Chronic passive congestion of the liver

The following complications of liver puncture have been reported in the literature:

1. Pain (at site of entry or shoulder)
2. Hemorrhage (four times in over 1,900 biopsies[3])
3. Bile peritonitis
4. Pneumothorax
5. Pleural shock
6. Bile pulmonary embolus
7. Local anesthetic reaction
8. Perforation of viscera

Diagnostic liver puncture using the special Menghini needle and the "one-second technic" is a relatively simple method easily taught to medical residents. The procedure, however, is not without hazard and mortality rates of 0.67 and 0.5% have been reported by Sherlock[7] and Volwiler and Jones[8] respectively. Therefore, a definite indication must be present before diagnostic puncture is performed.

Summary

This report describes the use of the Menghini needle as a diagnostic tool in patients seen in a large general hospital. Liver tissue was removed in 64 patients during an 18-month period. There was no mortality and

significant morbidity was confined to one episode of bleeding which required two units of blood and one patient with mild transient peritonitis following puncture of a liver abscess.

The safety and simplicity of this means of diagnosis is described. The operator, nevertheless, should become thoroughly familiar with the technic of the procedure as well as the indications and contraindications for liver puncture since a certain degree of morbidity and mortality still exists.

Acknowledgment

We wish to thank the physicians at the Marion County General Hospital for making these patients available to us for study.

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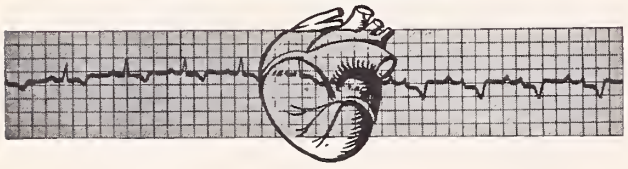
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Clinical Investigation—Government Style

A new drug may not be shipped across state borders for administration to a human until the sponsor of the drug (who may be the investigator) has filed a request for exemption for such use with the FDA He must describe and identify the source of the drug and its manufacturer; he must describe previous animal studies with the drug to show that it is reasonably safe to initiate human studies; he must give evidence of his professional qualifications and his facilities for investigation.

Finally, the investigator must certify that he will obtain consent from the persons receiving the drug except where this is not feasible or, in the investigator's best judgment, is contrary to the best interest of the subjects. The sponsor must also make progress reports at appropriate intervals, not exceeding a period of one year. He must promptly report any adverse effect which is reasonably regarded as due to the drug. He must maintain records for a period of two years after the drug has been approved or disapproved, or after his investigations have been discontinued. . . . Joseph F. Sadusk, Jr., M.D. to Association of Military Surgeons, November 17, 1965.

Electrocardiogram of the month



Presented as a regular feature of The JOURNAL, Electrocardiogram of the Month is a series of short talks on cardiovascular diagnosis and treatment, edited by the staff of the Krannert Heart Research Institute, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis.

Paroxysmal Atrial Tachycardia (PAT) with Block (1)

CHARLES FISCH, M.D.
Indianapolis

PAT WITH BLOCK is recognized by (1) an atrial rate varying usually from 120 to 250, (2) a varying AV block greater than simple prolongation of the P-R interval, (3) isoelectric baseline between P waves and (4) an increase of AV block with carotid or other vagal stimulating maneuvers.

In about half of the cases, PAT with block is unquestionably due to digitalis excess, but in an equally large number of cases digitalis plays no role in the etiology of the arrhythmia. In such instances the arrhythmia may be and perhaps should be treated with digitalis.

The electrocardiographic diagnosis of PAT with block may at times be extremely difficult. The problems one encounters may include (1) a P hidden in the T wave, (2) the P wave may morphologically resemble a normal sinus P wave, (3) the P waves may be small in amplitude, (4) the rapid rates of PAT with block merge with the rate of atrial flutter at one extreme and with sinus tachycardia at the other extreme and (5) PAT with block is frequently associated with other ectopic rhythms.

In the "Electrocardiogram of the Month" to follow, I will present a number of tracings illustrating the above points.

The tracing reproduced in Figure 1 is an example of PAT with block recorded in a patient with mitral stenosis and demonstrating the varying degree of block. Such a changing degree of AV block is frequently encountered. The three strips were taken

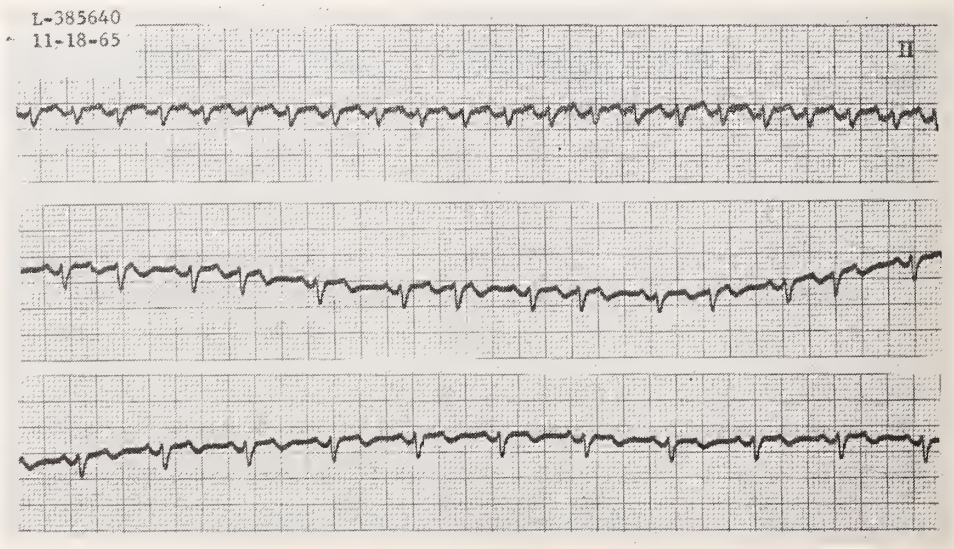


FIGURE 1
PAT with block demonstrating 1:1 conduction, Wenckebach structure and 2:1 block in the upper, middle and lower strips.

from a continuous recording. In the upper row the P waves are diphasic, the rhythm is regular with a 1:1 AV response and a rate of 188 per minute. The contour of the P waves is characteristic of "P mitrale." In the middle row there is a gradual prolongation of the P-R interval with a failure of each third P wave to conduct. This is a classical Wenckebach type of second degree AV block. The 3:2 AV block gives rise to a bigeminal rhythm. The only exception to the 3:2 Wenckebach block is the failure of the eighth P wave to elicit a response resulting in one cycle of 2:1 block. The bottom row represents PAT with an ordinary 2:1 AV block ◄

Before preventive vaccines became available, measles killed approximately 84,000 children under five years of age in India in one year.

* * *

The new Medicare law provides payment for such medicines as Bugle weed, Black Widow Spider mixture, Skunk Poison and Mexican Peyote.

* * *

A survey two years ago showed that 60% of American children one to four years old had not completed standard diphtheria, whooping cough and tetanus immunization; 40% had not been vaccinated against smallpox and 32% had not been immunized adequately against polio.

* * *

U. S. prescription drug firms employed 189,000 people worldwide in 1964. About 117,000 worked in the U. S. and about 39% of the total employees were women.

* * *

The American Medical Association has found that "all drugs containing the same active ingredients are not identical; drugs having the same active ingredients and subject to the same standards may vary in more than 24 different respects and still be entitled to share the same generic name."

* * *

U. S. drug manufacturers voluntarily destroyed almost $5 million worth of medicines in 1963 after they failed to pass purity, safety, or other control tests.

X-RAY CONFERENCE

Presented as a regular feature of *The Journal*, X-ray Conference is a series of short talks on procedure and radiologic diagnosis, edited by Erich K. Lang, M.D.

Venography of the Lower Extremities

ERICH K. LANG, M.D.
*Indianapolis**

A 42-year-old white patient was admitted to Methodist Hospital with complaints of acute shortness of breath, hemoptysis and left-sided chest pain. A chest roentgenogram obtained two hours after admission and eight hours after onset of symptoms revealed typical roentgenographic findings of an early pulmonary infarct.

A venogram of the lower extremities demonstrated classical intralumenal filling defects of the deep veins, suggestive of propagating deep vein thrombosis. The venogram was performed to evaluate the patient for a possible inferior vena cava ligation to prevent further pulmonary infarcts. In view of the history of recurrent pulmonary infarcts and the location of venous thrombosis, a ligation of the iliac vein was carried out.

Venography of the lower extremities offers an excellent diagnostic tool in the search of a source of pulmonary emboli, identification of abnormalities in the veins of the lower extremities, differentiation between deep vein and perforator incompetence and superficial veinectasia. Strict adherence to a routine examination technic is suggested for the best diagnostic results. A small superficial vein on the dorsum of the forefoot is cannulized with a 21 or 23 scalp vein needle. Twenty to thirty ccs. of 50% sodium diatrizoate are injected over a period of 30 to 60 seconds.

A tourniquet, tightly applied above the knee, pools the dye in the venous system below the knee. The first film is exposed in a prone position. This film attempts to assess the superficial venous system, the perforator veins and the deep veins. A second film is obtained after an exercise maneuver (alternating pressure of the fore-



FIGURE 1

NOTE the tube-like dye layering in the femoral vein and the posterior tibial vein, as well as the anterior tibial vein. The findings are characteristic of a propagating thrombosis in the deep venous system. Dilated perforator branches, particularly along the lateral side, are likewise demonstrated.

* From the Department of Radiology, Methodist Hospital, Indianapolis.

foot against a board placed in appropriate position, one-half inch below the forefoot area). This examination attempts to demonstrate the ability of the deep venous system to be cleared of dye.

A third film is obtained with the patient in a semi-upright position. This film tests the competence of the deep vein valves as well as the perforator branches. Normal competent valves of the deep venous system will prevent reflux into the distal portions of the deep venous system and likewise, competent perforator branches will prevent refilling of the deep venous system from the superficial venous system.

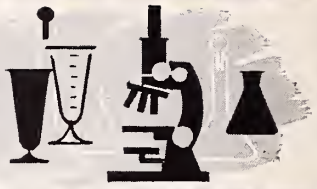
A fourth film is obtained in the upright position with the patient exercising (tiptoe position is assumed five to six times a minute). This fourth film assesses the ability of the patient to empty the deep venous system in the upright position. The normal patient is able to propagate the dye column by the pressure exerted by muscles upon the deep veins. Patency of the valves of the deep veins support the hemostatic pressure of the blood and dye column at varying levels. Normal perforator branches will prevent refilling of the deep venous system in a retrograde fashion from the superficial venous system under these conditions. Antegrade transport of the blood and dye column is guaranteed by normal muscular activity and the competence of the valves of the deep venous system reducing the hemostatic pressure of the blood column.

Venography of the lower extremities thus allows accurate assessment of the functional status of the superficial and deep venous system. The procedure is useful in the assessment of patients for surgical procedures such as venous stripping, vein ligation and/or ligation of perforator branches. The presence of intravascular thrombosis of the deep veins is readily diagnosed by this procedure. The cause of unilateral edema of the lower extremities can often be diagnosed on the basis of venograms. The examination is highly recommended as a safe and informative diagnostic procedure in the assessment of patients with vascular disease of the lower extremities. ◄

Something to Think About

"A Democracy cannot exist as a permanent form of government. It can only exist until the voters discover that they can vote themselves largess out of the public treasury. From that moment on the majority always votes for the candidate promising the most benefits from the public treasury, with the result that a democracy will always collapse from a loose fiscal policy (burden of large public debt), always to be followed by a dictatorship."—Dr. Alexander Tytler, Professor of General History, University of Edinburgh, 1790.

Path-finder
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Plasmapheresis

RALPH B. LINGEMAN, M.D.
Indianapolis*

THE DIAGNOSIS of hemophilia presents many problems for the attending physician and the patient's family. The physician is concerned with treating each bleeding episode and attempting to prevent the inherent complications. The family is concerned with preventing bleeding incidents and usually has the added burden of supplying blood when one does occur.

The classical hemophiliac has a deficiency in the antihemophiliac globulin (AHG) which is an unstable material. It is present in freshly drawn blood or in the plasma obtained from freshly drawn blood. Attempts to isolate this material in stable form have been unsuccessful and the physician has had to rely on fresh blood or plasma. Studies have shown, however, that the factor is stable in plasma which is rapidly separated and quick frozen. The AHG factor is stable for at least three months in plasma processed in this manner.

Until recently the ability of a hospital blood bank to accumulate a supply of fresh-frozen plasma has been limited. The only mechanism previously available was to convert a portion of incoming whole blood donations into fresh-frozen plasma. The red blood cells removed from the plasma were discarded and thus represented a considerable loss. The development of plastic blood containers and closed blood collecting systems now permits the storage and subsequent use of these cells, as packed cells, within the usual dating period. A significant development of this system has been the technic of returning the red blood cells to the donor. This technic is called plasmapheresis.

* Associate Professor, Department of Pathology, Indiana University Medical Center, Indianapolis.

Technic

The major difference between plasmapheresis and the familiar donation of a unit of blood is that the donor must remain in the blood bank for a longer period of time. This extra time (60-90 min.) is required to remove the plasma from the blood taken from the donor and to return the red blood cells to the donor. This is accomplished in one sitting with one venipuncture.

Equipment: The performance of plasmapheresis collection requires the availability of a centrifuge capable of holding the unit of blood. It is recommended that this centrifuge be refrigerated and designed for rapid acceleration and deceleration. The specially designed plastic bag blood collection equipment is available from commercial sources. The remainder of the equipment required is that usually found in any hospital blood bank.

Donor Requirements: There are no special requirements for a donor who undergoes plasmapheresis, other than he must meet the standard requirements for the usual donation of a unit of blood. He is instructed as to what plasmapheresis is and how it is performed and is thus aware that the procedure will require more time than the usual donation.

Procedure: After the completion of the preliminary questions and screening tests, the donor is made as comfortable as possible. The semi-reclining position such as would be provided by a lounge-type chair has been found to be the most comfortable. The donor's arm is aseptically prepared ac-

cording to the standard procedure. The venipuncture is then accomplished with the needle attached to the blood collecting system. The needle is taped into position as one would do for a patient receiving intravenous therapy.

After the collection of the first unit of blood, the bag of blood and its attached satellite pack is disconnected from the system, after closing the clamps on the appropriate tubing. At the same time, clamps leading to a bottle of intravenous solution (normal saline) are opened and the rate of flow of this solution adjusted to keep the needle patent. The unit of blood is placed in the centrifuge and the red blood cells packed to the bottom of the bag at a speed of 5,000 rpm. for five minutes. The centrifuged unit is carefully removed and the supernatant plasma is expressed into the satellite pack.

The satellite pack containing the plasma is then disconnected and, after proper labeling, is placed in the deep freeze. With the bag connected into the intravenous system, the red blood cells in the original blood pack are returned to the donor. By the manipulation of the appropriate clamps, a small amount of saline can be mixed with the blood cells and then directed into the tubing leading to the needle and into the donor. The infusion rate of the cells can be increased by placing a blood pressure cuff around the bag of cells.

After the cells from the first unit of blood have been returned to the donor, the tourniquet is reapplied to the upper arm, the appropriate clamps manipulated and a second unit of blood is withdrawn. Again with the intravenous solution maintaining the patency of the needle in the donor's vein, the second unit of blood is processed and the plasma removed. The remaining red blood cells are then returned to the donor as was done for the first unit.

It is usually advisable to do one donor at a time; however, should more than one donor be processed at a time, identification of the various units is maintained by a system of numbers imprinted on the tubing and plastic bags. Numbers as well as names can thus be checked prior to the return of the blood cells to the individual. The risk of error can be reduced further by having all the donors of the same blood group.

Discussion

Specific treatment of the classic hemophiliac patient (hemophilia A) requires the administration of the deficient clotting factor which is contained in fresh, whole blood. Those patients who do not require whole blood in the treatment of a bleeding episode can receive the deficient factor without the blood cells by the use of fresh plasma or fresh-frozen plasma.

A stockpile of fresh-frozen plasma may be produced by diverting a portion of the blood drawn in a blood bank into the production of plasma. In this situation, the red blood cells are discarded and the donor cannot be bled oftener than every three months. This loss of red blood cells represents the loss of a valuable blood component.

The development and subsequent investigational uses of plastic blood collecting equipment has led to a system which now permits the acquisition of fairly large quantities of plasma without the loss of red blood cells. A procedure known as plasmapheresis now permits the removal of upwards of two liters of plasma per week from one person. In each instance, the red blood cells removed with the plasma are salvaged and returned to the donor. He can thus be used more frequently.

The technic of plasmapheresis as described in this paper allows the properly equipped blood bank to maintain a stockpile of fresh-frozen plasma without the loss of valuable red blood cells. ◄

ASTHMA: IMMUNOLOGICAL AND NON-IMMUNOLOGICAL

One of a series of case reports illustrating the differential diagnosis in patients with symptoms of asthma.

IRVIN CAPLIN, M.D.
JOHN T. HAYNES, M.D.
Indianapolis

CHEVALIER JACKSON stated in 1918, "All that wheezes is not asthma."[1] However, wheezing, regardless of cause, is indeed called asthma by most physicians. Terms such as "cardiac asthma" and "asthmatic bronchitis" are in common usage. The middle-aged or elderly man who suddenly becomes cognizant of his dyspnea from pulmonary emphysema is frequently told he is suffering from asthma.

So frequently does the allergist see these non-allergic "wheezers" that it would seem more proper to paraphrase Jackson's famous statement in this manner: "All that wheezes is indeed asthma, but not all asthma is due to allergy." The following case report and other case reports to be published serially will describe patients diagnosed as having asthma for whom allergic consultation was requested. Practical points to be learned will be discussed.

Case Report

A four-year-old colored girl was first seen because of bouts of fever and asthma of approximately two years duration. Although her symptoms were perennial, she was much more ill during the colder months of the year.

History revealed the mother to have been treated two years previously for active pulmonary tuberculosis. Family history was negative for allergic disease.

Physical examination revealed inspiratory and expiratory musical rales throughout both lung fields. A tuberculin test with 1-10,000 old tuberculin was positive. A chest x-ray revealed minimal inflammatory changes which were felt to be compatible with active pulmonary tuberculosis. Gastric washing on culture revealed acid fast bacilli. She was treated for one year with isonicotinic acid hydrazine. She gained weight, became afebrile and bacteriological studies no longer revealed acid fast bacilli.

However, she continued to wheeze. No cause and effect relationship could be elicited from history. Skin testing revealed positive intradermal tests to dust, dog hair, feathers, wool and several molds. The family was advised as to the avoidance of dust and other household allergens. Suspension of Tedral was prescribed for symptomatic relief. Treatment with dust and mold injections was instituted. In six weeks her wheezing and cough had disappeared and she no longer required symptomatic medication. After two years of injection therapy with dust and molds, her treatment was discontinued. She has remained well for three and one-half years.

This case reveals that wheezing or asthma of both an immunological and non-immunological etiology may exist in the same patient. In a patient with epigastric pain in whom an upper gastrointestinal series reveals a duodenal ulcer, one would be wise to also do a cholecystogram to rule in or out cholelithiasis. In this case, even after a positive diagnosis of tuberculosis was made, proper allergic management should also have been instituted immediately.

Discussion

When a patient is seen who wheezes, the allergist must ask himself two questions: 1) Is or is not the patient allergic? 2) Is or is not his wheezing due to allergy? Just as there are many causes for abdominal pain, there are many causes for wheezing. When the wheezing is due to an antigen-antibody reaction with an antigen such as dust, ragweed or egg white, this can be termed an immunological asthma. When there is no antigen-antibody reaction to account for the wheezing, a non-immunological asthma is present. In the newborn period, one thinks of congenital factors. Later, mechanical factors, such as foreign bodies, neoplasms and infections must be considered.

Non-immunological factors may also aggravate an immunological asthma. A drop in the barometer, paint, smoke, floor wax, temperature changes and infection may all worsen an already present allergic asthma. As brought out by the case reports, many patients have several disease processes going on at the same time and all should be properly treated. *Never treat an asthmatic without a chest x-ray.* This should be axiomatic for any patient who wheezes. How do we know the wheeze we are hearing is not a foreign body, a malignancy, tuberculosis or heart failure?

Many of the case reports point also to the necessity of the continuing re-evaluation of each patient. If they do not get well, why do they not get well? If they become worse, why do they become worse? Each patient is an individual problem with a common symptom. In each case a definitive diagnosis or diagnoses must be made so that proper treatment can be carried out. Patients should not be tossed into the allergic wastebasket simply because they wheeze. Their wheezing may have immunological or non-immunological causes, or both.

In the future, case reports will be presented which demonstrate many immunological as well as non-immunological causes for wheezing. Many cases will demonstrate both causes present in the same patient at the same time. Allergy is definite and wheezing only a symptom. Again we state it might be well to paraphrase Jackson's statement to read, "All that wheezes is indeed asthma, but not all asthma is due to allergy." ◄

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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The "Taj Mahals" of Rural America

IN ITS tremendous job of assisting rural Americans in obtaining good medical service, the Sears-Roebuck Foundation has combined its philanthropy with a lot of good common sense and good business principles.

When a rural community applies for assistance in obtaining a physician, the Foundation through its Community Medical Assistance Program surveys the area to determine whether or not a doctor will be able to establish a practice and achieve at least an average income. The survey is economic in nature and studies potential income, population age breakdown, percent of hospitalizations, place of hospitalizations, number of visits to doctors, where patients go to visit physicians and the percent having hospital and health insurance.

One criterion for passing the test is that the community must give an indication that the physician will have a gross income of $25,000 on office calls alone. This should produce a net income of about $16,000, approximately the national average for general practitioners.

Another important consideration in evaluating the community is the probability that it is not seeking a doctor for emergencies, house calls and first aid cases only. Of the 933 communities who have applied, 578 surveys have been positive and 316 were negative, with the remainder either now being surveyed or having declined to enter the survey.

If the community decides to proceed after the survey findings are favorable, a fund raising drive is started to build a medical center. Certificates of Indebtedness which do not bear interest are sold in multiples of $25.00 to as many individuals as possible. The certificates are retired from rental receipts or from the sale of the building to the doctor. Each investor, therefore, has a personal financial interest in the financial and professional success of the doctor. The number of subscribers has averaged around 400, with one town having 2,000.

The medical center building is designed and equipped for thorough diagnostic medical practice. It is built to accommodate two doctors, although many towns have need for and have attracted only one physician.

The floor plan, built in cabinet-walls, circular traffic plan, and other features make the building one of the best planned general medical office facilities in the country. Interior and exterior color and decoration has prompted its designation in the offices of the Foundation as the "Taj Mahal of Rural America."

In our state, Georgetown, Holland, Spencer, Roachdale and Burlington have built Sears-Roebuck health centers and have doctors with well established practices. Walton, Indiana, is now being surveyed.

During October, the Foundation received 19 applications nationwide and conducted six surveys in communities for which applications had been made previously. Nine towns in the United States are now seeking an additional physician, a tribute to the validity of the economic survey and its ability to forecast which areas will be able to support a doctor.

Indiana Centers to Study Olympic Medical Records

TWO MEDICAL CENTERS have been established in Indiana for the study of life-long medical records of Olympic contestants.

Dr. J. M. Miller of Indiana University at Bloomington and Dr. L. W. Coombs of Purdue University at Lafayette are the medical coordinators for the program.

The study is on a world-wide basis and at present there are over 2,000 complete medical records of athletes from over 20 countries. The Olympic Museum in Lausanne, Switzerland, furnishes a repository for the records.

The program is designated as Olympic Medical Archives. It was developed by the American College of Sports Medicine and is now under the auspices of the parent organization, the Federation Internationale de Medecine Sportive, and has the cooperation of the World Health Organization and several international sports organizations.

Participants in the 1964 Olympic Games in Tokyo form the nucleus for the records, and plans are now in effect to enlarge the system at the 1968 games in Mexico City.

Study of life-long medical records of top athletes, it is hoped, will help to determine three points:

1. The extent to which continuous, systematic, life-long vigorous physical activity prevents or retards the onset of some of the common diseases such as those of the heart and blood vessels, high blood pressure, chronic ailments of the joints and disturbances of the nervous system.
2. What types, duration and frequency of physical exercise are essential for maximum fitness.
3. What influence regular physical training has on longevity and morbidity.

Standardized physical examinations and medical histories have been accomplished and are recorded on magnetic tape for electronic retrieval and study. Drs. Miller and Coombs serve as coordinators in a large organization of physicians, contestants, coaches and trainers who work with hospitals and other health organizations and Olympic committees in furthering the objectives of this important medical research activity.

Guest Editorial

You Can Help Too

"PLEASE let me know if there is *anything* I can do to help."

How many times have we said and written these words to a friend or had a friend say them to us when tragedy and misfortune strike. They are words expressing the true meaning of the brotherhood of man.

Unfortunately, since we cannot always be there or do not always know that people are in trouble and need our help, we must often rely on someone else to do the job for us.

The American Red Cross is one organization that is uniquely well suited and perfectly willing to do the job and to say to people in every corner of the nation and the world: "Let me help." But, as President

Johnson reminded us when he declared March as Red Cross Month, only *we* can keep the Red Cross strong and on the job by our contributions of money and volunteer service.

If we cannot go to Louisiana to help the thousands left homeless by Hurricane Betsy, we can entrust our dollars to the Red Cross to be sent in our place.

Few of us can go to Viet-Nam to provide the essential personal services needed by our able-bodied and wounded military personnel, but Red Cross is there for us.

Most of us can give a few hours every week as volunteers. The Red Cross offers us the opportunity to reach the people in our own community who have a special need for the friendship and help of another human being.

As the slogan, "You Can Help Too—Join Up, Join In," indicates, the Red Cross offers us the opportunity to say to friend and stranger alike, "Please let me know if there is *anything* I can do to help."—suggested editorial from the American Red Cross.

Editorial Notes . . .

The Food and Drug Administration is organizing a group of senior consultants to assist in the continuing evaluation of drugs. Dr. Frank N. Allen, Boston, has been appointed to the group and other appointments will be announced later. Dr. Joseph F. Sadusk, FDA medical director, said that the senior consultants will spend several days each week working closely with the agency's medical officers as special advisors.

When an emetic is needed in a poisoning case it is needed in a hurry. The FDA has placed ipecac syrup in amounts up to one ounce on the over-the-counter, no-prescription-needed list. The label, in case of such a sale, will warn—"keep out of the reach of children," and will also list the poisons for which ipecac should not be used. Labeling will define the dose for persons over one year of age as one tablespoonful.

Pharmaceuticals which are damaged by fire or other mishaps, or which are acquired by salvage companies as a result of bankruptcies may fall into unauthorized distribution channels. Smith Kline & French, in common with other ethical manufacturers, replaces stocks of their drugs which are not insured and are damaged by fire or flood. In addition, SK&F have initiated the policy of purchasing their brand name items from salvage companies and destroying such items to prevent distribution in illegitimate channels.

Fourteen new medical schools are expected to be in operation in the United States by 1970, according to the latest report from the AMA. This will make the total number of schools 101, and will make possible the admission of from 800 to 1,000 more students than at present. Medical schools are now in short supply and faculty members are even shorter. The big push to recruit teachers for the new schools is already under way.

Postgraduate medical instruction is expanding at a rapid rate; 1,641 courses are being offered during the next year and it is expected that over 150,000 physicians will be enrolled. Psychiatry is by far the most popular course. General medicine ranks next. As Lowell Coggeshall has said "When a medical school gives a man an M.D. degree it is less than half finished with him." Medical schools and teaching hospitals realize and have accepted the challenge to teach the advances in medicine as fast as they develop.

Polio is a vanishing disease—or will be if vaccination of children is continued at an effective rate. 1964 was the lowest year for polio up to that time and ended with a total of only 122 cases. The first nine months of 1965 recorded 40 cases less (48% less) than for the same period in '64. Big change since the 57,879 cases that occurred in 1952.

John W. Gardner, Secretary of HEW, has announced the formation of a committee charged with making an intensive study of the Food and Drug Administration in regard to its organization and operation. Recommendations are expected to be announced in December. The FDA has grown to its

present large size under what has been judged by many to be inadequate appropriations, and during most of the time its legal authority has also been inadequate. Recent legislation, especially concerning pharmaceuticals, has increased the staff and the complexity of its organization.

Protection of eyesight by the universal use of shatter-proof glass or plastic lenses in all eyeglasses is recommended by the U.S. Public Health Service. The advantages are outlined in a new color slide series called "RX For Eye Safety." It has been prepared for instructional purposes before school groups of at least junior high level, service and social organizations, and may be obtained by writing National Society for Prevention of Blindness, 16 E. 40th St., New York City, 10016, or by contacting the local or state health department office.

The William S. Middleton Award, the VA's highest honor for medical research went in 1965 to Drs. Lucien Guze and George Kalmanson for their isolation of a newly discovered bacterial form called the protoplast. It has been recovered from the kidneys of animals and humans with pyelonephritis. Due to the fact that it has no cell wall, all antibiotics which primarily kill bacteria by affecting the cell wall are ineffective against the organism. Erythromycin which blocks protein manufacture is effective against the protoplast. At present 15% of patients admitted to VA hospitals have infections of the urinary tract, many of them extremely chronic in nature. It is possible that the new knowledge will aid in the treatment of chronic bacterial nephropathies. ◄

From *The Journal* 50 Years Ago

. . . While our health boards are busy issuing precautions concerning sneezing and coughing in public places during the prevailing epidemic of influenza, it may be well to call attention to the necessity for a little more stringency in the regular inspection of certain features that are as much a source of the spread of disease as the ill-timed sneezing of influenza sufferers.

We have in mind the transmission of diseases through the medium of employees in hotels, restaurants and eating houses. When you happen to know that there are cooks and waiters in regular service who are suffering from active syphilis or gonorrhea, to say nothing of other communicable diseases, it makes you feel that a law should be enacted and rigidly enforced compelling employees of eating houses to present a clean bill of health, and making it a penalty for any such employee to be on duty when he knowingly possesses a communicable disease.

And, while we are on this subject, we desire to call the attention of our health authorities to another disgrace, and that is the question of ventilation of public places, and in particular the moving-picture theaters which are so popular at the present time. The average moving-picture theater is so badly ventilated that the air is fairly nauseating to any one coming in from outdoors. . . . Editorial Notes, *JISMA*, January, 1916.

President's Page

At the beginning of each new calendar year, it would be nice if we could wipe the slate clean and begin anew. Certainly most of us would like to wipe away Public Laws 89-97 (Medicare) and 89-239 (Regional Complexes), but this we cannot do.



As we begin 1966, physicians would do well to re-read the Oath of Hippocrates and the Code of Medical Ethics of the American Medical Association and should rededicate themselves to these principles.

Each physician must become well acquainted with the broad implications in Public Laws 89-97 and 89-239. They must carefully study their responsibilities and the many problems that are inherent in these laws.

In this legislation, a vast program of medical aid for the needy of all ages, in addition to "Medicare," has been established and will continue to expand until 1975. We can expect efforts to expand this even further. The scope of medical services is to be greatly increased and the number of people eligible for this care is to be greatly increased.

It will require the united effort of the medical profession to make sure that these programs will operate for the benefit of OUR patients and not for the benefit of a bureaucracy. Physicians in each field of medicine; specialist or general practice, whether in clinic, hospital, or private practice, must realize that whatever affects one group will ultimately affect them all.

The great need is for us to recognize the necessity for all segments of medicine to join together to study and to try to solve the problems that affect us all.

The officers, the Council and the ISMA staff will need your understanding and cooperation in this most difficult year ahead. I want to thank each of them for the many extra hours of work and study they have devoted to the many new problems that will face us this year. We will make every effort to keep you informed as the new rules and regulations implementing this legislation are issued.

R. O. Neumann M. D.

The tell-tale lesion on the back of her neck



ARISTOCORT Topicals are particularly effective in controlling the inflammatory symptoms of many dermatoses including neurodermatitis, atopic dermatitis, eczematous dermatitis, seborrheic dermatitis and certain cases of psoriasis. The 0.1% Cream or Ointment is usually effective in abating symptoms of skin conditions responsive to topical triamcinolone, but the 0.5% Cream may be preferable in more resistant cases. *Dosage:* Apply small quantity to area 3 or 4 times daily. Side effects are rare. *Contraindications:* tuberculosis of the skin, herpes simplex, chickenpox, and vaccinia. Use with care on infected areas. Do not use in the eyes. Supplied in 5 and 15 Gm. tubes and ½ lb. jars. Also available in foam form and with Neomycin.

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The Woman's Auxiliary

REPORTS TO ISMA

New Year's resolutions, made with enthusiasm at the close of '65, have lost wholehearted support and with the "holiday glitter" packed away for another year, the respite from daily duties is finished.

Cicero said, "Men resemble the gods in nothing so much as in doing good to their fellow creatures." Once the doctor did his job in the face of public ignorance, fear and apathy. In polite society words such as cancer, venereal disease and mental retardation were avoided; birth defects and symptoms of disease were hidden. Credit for facing up to modern health problems is the result of the voluntary health movement. Voluntary health agencies have helped the sick and disabled, the doctor and the community, the medical profession and the nation. They have also given many people the opportunity to participate in meaningful activity; to donate to worthy causes and expel energies in an excitingly meaningful manner.



The death knell of voluntary health organizations involved in research is the ever-present fear. With the government throwing so much money into research—what is left for the voluntary agency? Dr. George James, president of the National Health Council, believes we have been oversold on "bigness." The record of the voluntary sector of American scientific research is very good. The non-governmental side of medical research has acquitted itself very well. Smaller research programs, more efficient in tailor-made situations for communities, fill important gaps in more distantly controlled federal efforts. More highly flexible investigation pioneered and carried out by voluntary agencies fills a very real community need.

Citizens, informed and active in community projects of health, education and government, are productive and well-oriented people who care for the future. The hours of volunteer service given by physician's wives on local boards and community activities are most impressive. A report of the total volunteer hours put in by auxiliary members will be compiled by each county and the total will appear in the records presented at the House of Delegates in April.

The nominating committee, budget and finance committee and the executive committee will be meeting at the ISMA Building in Indianapolis this month. The Bylaws committee has revisions ready for approval and forms are being mailed to county presidents for end of year reports.

Ruth V. Dunstone

"I don't know what we would have done without Blue Cross Blue Shield."



As the hospital identification wrist band is snipped off, you think back on the long days of illness. And then's when many people say: "I don't know what we would have done without Blue Cross–Blue Shield."

For, you can't afford *not* to have Blue Cross–Blue Shield—with today's higher costs for medical miracles. More than a million and a half Hoosiers trust Blue Cross–Blue Shield to be there when needed, and with the finest health care benefits possible.

Employers trust Blue Cross–Blue Shield, too—10,000 Indiana groups are members. So, if you wish to join Blue Cross–Blue Shield and get the most for your health care dollar, phone the office listed in the Yellow Pages for more information.

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(One of a series of ads being used in key Hoosier newspapers)


Flagyl destroys trichomonads
here & here & here & here
No topical treatment can

Flagyl

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metronidazole

Flagyl eliminates the difficulties and frustrations that have long attended the treatment of trichomonal infection.

These difficulties arose mainly from:

1) the failure of any previously known agent to destroy the protozoan in paravaginal crypts and glands;

2) the failure of any previously known agent to prevent reinfection by eradicating the disease in male consorts.

The introduction of Flagyl removed both of these long-standing deficiencies. Hundreds of published investigations in thousands of patients have confirmed the ability of Flagyl to cure trichomoniasis.

Correctly used, with due attention to repeat courses of treatment for resistant, deep-seated invasion and to the presumption of reinfection from male consorts, Flagyl has repeatedly produced a cure rate of up to 100 per cent in large series of patients.

Nothing cures trichomoniasis like Flagyl.

Dosage and Administration

In *women:* one 250-mg. oral tablet t.i.d. for ten days. A vaginal insert of 500 mg. is available for local therapy when desired. When the inserts are used one vaginal insert should be placed high in the vaginal vault each day for ten days, and concurrently two oral tablets should be taken daily.

In *men:* in whom trichomonads have been demonstrated, one 250-mg. oral tablet b.i.d. for ten days.

Contraindications

Pregnancy; disease of the central nervous system; evidence or history of blood dyscrasia.

Precautions and Side Effects

Complete blood cell counts should be made before and after therapy, especially if a second course is necessary.

Infrequent and minor side effects include: nausea, unpleasant taste, furry tongue, headache, darkened urine, diarrhea, dizziness, dryness of mouth or vagina, skin rash, dysuria, depression, insomnia, edema. Elimination of trichomonads may aggravate moniliasis.

Dosage Forms

Oral—250-mg.tablets/Vaginal—500-mg.inserts

SEARLE

Research in the Service of Medicine

From the Secretary's Desk

It has been suggested that your secretary report occasionally, through *The Journal,* on matters which cross his desk of interest to the profession.

This particular discussion will pertain to the implementation of Public Law 89-97, known as the Medicare Act, which becomes operative as of July 1, 1966.



JAMES A. WAGGENER
Executive Secretary

As one continues to read the law, excerpts from other sources and reviews the reports between the AMA Task Force and federal officials, one is reminded of a sign which recently appeared on the lawn of one of the Indianapolis insurance companies. It read "Honeymoon is that period of time between the I do and you'd better."

Going over some of the statements, conclusions and reports, the impression is easily reached that perhaps federal officials are leaning over backwards to make sure that physicians cooperate wholeheartedly in the implementation of this new program. One can but wonder how long it will be before we will be hearing the "you'd better" approach.

The Council of the Indiana State Medical Association, I think wisely, has requested that the Indiana State Medical Association officially be considered a negotiator for this particular program. The association has requested the federal government to permit the Indiana State Medical Association to represent the physicians of this state in all negotiations, in all professional relations and in the coordination of county society review committees.

It was the feeling of the ISMA Council that this is no time for a disinterested third party, outside the medical profession, to be allowed to negotiate provisions under which doctors will provide their services. The Council felt that your association has a singular interest in protecting the welfare of the members, therefore, the association should be recognized as a negotiator of all rules, regulations and plans that will be effective upon our membership in this state.

As this is prepared for publication, the definite rules and regulations are not as yet available for our review but from the many reports and rumors emanating from various sources, you get a pretty good idea of what to expect in the near future.

Physicians will have the major responsibility for all facets of the program as it develops. Not only will the physician have the responsibility of caring for the patient, but he also will be held somewhat responsible for the operation of the program. We are working with the State Board of Health and other state departments involved in this plan and subsequently plan to relay information on how the program is being implemented in local areas.

Many federal officials seem to feel that this program will not affect the quality of medical care because the physician will not have to be concerned about the patient being able to meet his medical expenses, but will use his full time to giving the patient the best quality medical care at his command. Nevertheless, from the paper work and reporting which is being discussed at this time, I believe the physician will have many problems in meeting the demands of these administrative details which, necessarily, will detract from the time available for the care of his patients.

Under the terminology of the law and the comments which have been heard so far, all Indiana hospitals which have been accredited by the Joint Commission on Accreditation of Hospitals will automatically be accredited for providing hospital care to people under this program. Those not accredited, and this includes nursing homes too, will be certified for rendering services

by the Indiana State Board of Health. But in the end, the physician must be the one who will certify the need for services which the program makes payment for in any of these facilities.

While it has been stated that organized medicine will have an opportunity to review all the regulations, this does not mean, in our opinion, that the regulations will not be promulgated and distributed for enforcement at the same time that they are provided to medicine for review.

In other words, I would doubt at this time if medicine at the onset will have much to say about the finalization of the regulations. This will perhaps change as time goes on and the program is utilized more, and we begin to find the problems and flaws in the regulations as they affect the practice of medicine.

It appears that hospitals and nursing homes, and particularly the hospitals not meeting the requirements as set forth by the regulations, will be permitted to accept patients on an emergency basis only. One of the main stipulations which will exert control over all providers of services is the fact that discrimination against any person will nullify participation in the Medicare program by the purveyor of service as provided in the Civil Rights Act. Also it appears that state mental and T.B. hospitals will be covered under the program providing they meet the regulations.

One of the more serious aspects of this program is the government's position of contracting with the state of Indiana, its various departments and others which, in effect, makes the departments agents of the federal government. It seems that, under one contract we have seen, the government will control the staff and the organization and will require the state of Indiana to make their employees available to the federal government at any time for consultation and conferences.

As has already been stated, physicians will be primarily responsible in this program since they must certify the need for all services. The question has been asked whether or not this means the attending physician will have to do the certification. According to present interpretations, it will not always be necessary for the attending physician to make the certification. It is anticipated that anyone holding an unlimited license to practice medicine within this state would be able to make the certification which would include an intern or resident under our state law.

One element of the law undergoing much discussion at the present moment is the certification by the physician concerning need for services. It appears that the government is going to require that the physician sign his hospital patient's chart daily, and that the front sheet on the chart must be signed before the patient will be eligible for discharge and the hospital eligible for reimbursement from the government. The main question now is what form the certification must take that will least disturb present practices.

One of the important aspects to keep in mind regarding the law is that officials say the program is designed to finance services and not to provide services. The program does not guarantee that the services will be provided. If a sick person cannot be admitted to a hospital, there is no appeal available to him under the law. Those affiliated with the program will have the responsibility of looking into complaints about services furnished. On complaints concerning discrimination, an appeal is possible under Title VI of the Civil Rights Act, but not under Title 18 of the Social Security Act.

Many have questioned, "What will happen to the people currently in nursing homes and over 65 years of age?" Some have indicated that according to law, which is a fact, if they are qualified for care in a nursing home at government expense, it will be necessary for them to be admitted to a hospital for a minimum of three days.

This matter has been somewhat resolved in that patients under Public Law 89-97 are not entitled to custodial type care. Most, if not all, of those currently in nursing homes and over 65 years of age could not qualify for care under this program. The services that are provided in nursing homes under the program are strictly a post-hospital benefit, which is extended care for a person who has been in the hospital and who still needs care but who can be moved from the

hospital to a lower cost facility during his convalescence.

Perhaps one of the most immediate problems facing the profession, hospital staffs and county medical societies is that portion of the law calling for utilization review committees. The law provides for mandatory utilization review committees, two members of which must be physicians. Therefore, it is important that all physicians study the utilization review mechanism very carefully and give serious thought to establishing the appropriate mechanisms within existing hospital staffs or within the framework of the county medical society. Physicians generally do not believe that utilization review committees should become the responsibility of individuals outside the medical profession.

The subcommittee of the American Medical Association is drafting recommendations covering hospital utilization review committees and has submitted the following recommendations of initial standards for discussion purposes: (1) Hospital to have written description of utilization review plan, to include organization, frequency of meetings, types of records, methods used in electing cases for review, committee reports and responsibilities of hospital staff; (2) Requirement that if hospital has staff of ten or more physicians, review be conducted by (a) staff committee of two or more physicians, or (b) same type group established by local medical society, or (c) if "a" or "b" not functioning, then group of at least two physicians from outside hospital. If hospital staff less than ten physicians, "b" or "c" to be employed; (3) Provisions with respect to what constitutes a period of extended duration; (4) Provision that findings of utilization review committee be regularly reported to medical staff executive committee; (5) Regular meetings; (6) Provisions for the hospital to provide administrative assistance to the review committee; (7) Keeping of records; (8) Furnishing of statistical information to hospital administrator; (9) Planning for appropriate use of post-hospital resources. Government officials say the purpose of the utilization review committee is the promotion of efficiency in quality of care. Many feel that the utilization review committee has a policing aspect to it and will also serve as an admission and discharge committee.

It is clear that utilization review committees must be established for hospitals. The county medical soceity should make plans for establishing a utilization review committee for the nursing homes in their area and other extended care facilities which might be in existence. In some instances it may be plausible for the hospital staff review committee to serve in all of these capacities; in others, it might be better for the county medical society to set up a county-wide review committee to cover not only the extended care and nursing home facilities, but hospital cases as well.

There is also some talk that the fiscal intermediary would be responsible for seeing that utilization review committees are functioning in all aspects where payment is made. There is one thing which is certain at this point—if doctors do not establish and put into operation utilization review committees, they will be established by others, perhaps those outside the practice of medicine.

Each county medical society secretary has received a book describing utilization committees and their functions and it might be well for your society to devote at least one session to discussion of the aspects of this portion of the program. In some areas of the country, the utilization committees also serve as home-care committees and have advocated the establishment of extended care facilities within their respective communities. The question is raised as to whether the effectiveness of utilization review mechanisms in individual hospitals might be policed by a carrier or a state agency. The Social Security staff is of the opinion that where the carrier, the fiscal intermediary, is willing and able to perform such functions effectively, they will be used; otherwise, they will plan to use a state or government entity in policing local utilization committees. Another point was made to the effect that the state would serve as an agent of the federal government, but the federal government would not ac-

Continued

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10,384	1964	88.5%

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1,519	1963	95.2%
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cept the state as an agent if it could not function effectively.

From this comment, I think that one can get the idea that the federal government is going to keep a tight rein on the entire program as it begins to unfold on July 1, 1966.

This is one of the problems facing every practicing physician, every county medical society and your state medical association; we have less than six months to thoroughly acquaint ourselves with all the facets of this program and to determine what our responsibilities will and will not be. This is not a matter that can be placed on the shelf with the belief that it will not become operative until July 1, 1966. I am sure everyone will agree that it is probably here to stay.

Physicians generally are very much divided in their attitudes. There are many who will have absolutely no part of the program. This is their right. Others will participate in the program. The big question facing all of us is whether or not medicine will become active in the implementation in an effort to control the program as much as possible so as not to disturb the present practice of medicine or whether, by default, we will let other agencies take over and be dictatorial on what we do and do not do under the program. ◄

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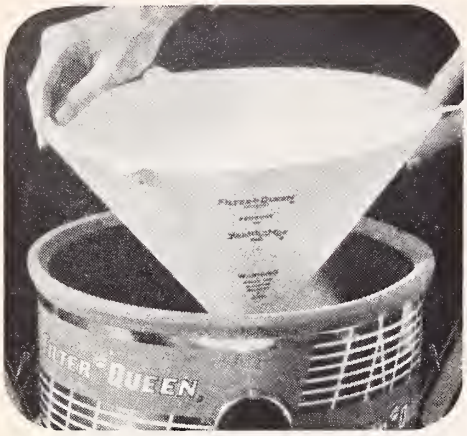


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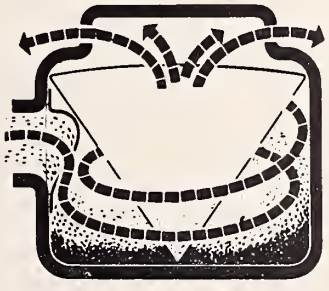
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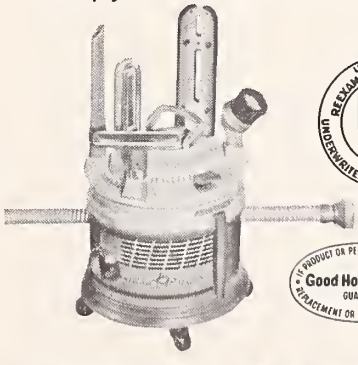
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CALEB could walk now and seemed vigorous. He was no longer tired. He was intensely grateful—he could begin life anew. He returned to Bangsburg for a brief convalescence. As he looked around the old home, memories of his youth crept stealthily into his mind.

Caleb recalled that he had married the "girl of his dreams" not far from this house. She was a loyal and understanding wife, tolerant of his long periods away from home and his preoccupation with mission and medical work. She was indeed a woman of grace and stature, with abounding personality and a sweet baby voice. The three children born of this union were all dead now and Caleb had lost track even of his grandchildren. But he had always been true to Margaret, who lived to be 80.

Now he wondered what she would have advised him to do. He did not know whether to stay here or go back to the mission. Even in Africa, the jungles had practically disappeared; instead there were people, people and more people. There was hardly enough room for the mission house. Where would the inhabitants go next? Perhaps reclaiming the ocean over there would be possible, he thought. After much consideration he decided to stay in Bangsburg. He felt much better, in fact much younger. Maybe the season of the year had something to do with his decision to remain in the United States.

Caleb was enthusiastic, optimistic—his heart sang with joy. It was spring now and Caleb felt like a young boy again. Because of the dense population and many buildings and houses, there were only a few trees remaining, but they were in bloom and the tiny beds of flowers were budding. Birds chirped their most beautiful tunes and warbled delightfully. Caleb thought this to be in celebration of his newly-found youth. He could not resist taking long walks, and he would think, "My, the girls' faces are beautiful. They all look so young. Children —how pretty they are. If this is the product of human genetics, then I am all for it. But those young children have a concerned, mature expression on their countenances. Is this due to the condensed and advanced educational system? Can a two-year-old learn what we were taught at six? Can a M.D. complete his training at 16?"

A Delightful Dulcinia

All of his generation were gone. How should he make new friends? As he mused over ways and means, he saw a white uniformed nurse on her way to the new hospital.

"Say, miss," he began, "I'm Dr. Stansby, recently returned from Africa. Do you remember the name?" The nurse, with a unmoved, querulous expression, shook her head.

"Who is this old stranger, what does he want and why did he latch on to me?" she thought. "Should I humor the old man or dismiss him peremptorily?" She looked at him once again. "He is a scientific curiosity, there is a strange light in his eyes and the lines in his face, what do they mean?" She was reluctant to let him go. She stood there pensively, then finally decided she would find out more about him. "My name is Clara Watson," she said.

My, she is pretty, thought Caleb. "I wonder if I might see the new hospital?"

"Certainly," she replied. "I'm going there now, and I'll show you the way."

The new hospital had the same concentric circular construction as the one he had been in, he noticed. But Caleb was not listening to Mrs. Watson's descriptions and explanations. Here was a beautiful face, large head, luxurious hair, albeit he didn't know it was not hers. Her body was well built, the chest flat. They don't nurse babies anymore, thought Caleb, as he observed many bosom-

* Part 2, continued from December.

less women with babies in the hospital lobby.

The tour was over. Mrs. Watson was not sympathetic and kind, but very business-like.

"Are you married," asked Caleb.

"No, I am a widow," came her reply.

"Well," Caleb continued, "I am 93. How old are you?"

"I am very young by modern standards, Dr. Stansby. I am 80."

"All my friends and acquaintances are dead, and I am very lonely. I have been a widower for 13 years. But what did you say, you were 80?"

"Yes," came the reply.

"Don't people get old any more? You look like you're 20."

This remark pleased Mrs. Watson, as evidenced by a slight smile.

"I shall have to go now, doctor, but I am pleased to know someone from a previous era. It really is too bad that you didn't know of modern antisenility measures. Then you wouldn't have your grotesque senile appearance." With this she left, and Caleb slowly returned to his home. He decided that he must see Clara again.

Several weeks elapsed and Caleb had been trying to call Clara on the television phone. On one occasion she accepted the call and there was much conversation. Would she please have a date with him? He needed someone intelligent to talk to. He was so alone, so confused, so out of tune with the times.

A time was arranged and Caleb tried to send Clara a beautiful bouquet of flowers, but no florist was available. Therefore he brought her a bouquet beautifully fashioned from ivory by African natives. He apologized for not sending fresh flowers.

In Clara's one room apartment they talked. Caleb told of old times. Clara told of the 21st century.

Pragmatic Primitivism

"First of all," she began, "no one sends flowers anymore. There is no place to grow them, and they are not useful. This is a pragmatic era. You see, doctor, we are so crowded that literally each centimeter of ground is used for necessities. We are back to primitive survival in this sense. Early man first made usable pots and wheels, and then later embellished them. Now we have returned to the period where the embellishments are left off.

"Secondly, our present accomplishments are evidence of subduing the unnecessary components of living, such as extravagant housing and dressing, attention to beautification and the development of charm. We are now practical people who must constantly strive for more inventions, ideas and discoveries.

"Look at our present hospitals as compared with your era. Behold what we have done with infectious disease prevention, cancer prevention, old age prevention. People will live to be three hundred. The word 'beauty' is impractical—we don't need it."

"But," Caleb interjected, "I think you are beautiful, in face, at least. But your cold practicality would in my era repel any man who thought of love."

Clara smiled dispassionately and answered, "Love is one of those unnecessary emotions that doesn't and need not exist any more. We women accept our men to propagate the race. We pick our men not for love, but for quality—mental quality, and physical only insofar as it aids and abets mental development. Love is not in the picture, this is the era of genetic control and therefore eugenics and artificial insemination of the human—something animal breeders have known for centuries."

"So, kindness, compassion, tolerance, generosity and love-thy-neighbor is biblical bosh, huh?" asked Caleb.

"Certainly," Clara snapped. "When even the tiniest molecule is known and controlled, everyone is catalogued, placed and performs his work in society as do the cells, molecules and atoms of the body. No need for that sentimental 'stuff'."

"Well," Caleb observed, "you are so brilliant and so beautiful that I could listen to you for hours. Indeed, it has been hours and I must be going. One more question—what about brain cells in the higher centers—in the cerebral cortex? Your generation boasts of emotional abolition through rigid, persistent discipline. Dr. Mathews said that cortical cells were still uncontrolled by present scientific endeavors, and of course

these are the higher centers and hold our emotional reactions. Does modern medicine understand how to rejuvenate or restore nerve cells as completely as the other body cells?"

"No," Clara replied, "your doctor knows much more than I, but I am sure he is correct."

"So," Caleb observed, "we now have man as an efficient machine, without any of the 'higher attributes' as our generation called them."

Both had now risen and Caleb was heading toward the door when Clara responded, "I guess you are right, Caleb—may I call you Caleb?"

"I wish you would," the old doctor answered, "please do, because I am not a doctor in the 21st century sense of the word."

"No, indeed, he is not," Clara thought. But the evening seemed short and there was something abstruse about this visitor that urged her to want to see him again, so she agreed to have another date. Caleb's thoughts were directly related to Clara and modern individuals in general. He silently vowed to rectify the unemotional state of the present generation.

Rejuvenatory Romanticism

The next day Caleb was full of enthusiasm. Now that his youth had been restored, he vowed to do something for this generation. No physician or nurse or anyone else could live without love, kindness and compassion. He set out to use his home as a laboratory. Within six months he had two modern scientists interested and working with him in well defined parameters of research. Their field was molecular biology and atomic behavior in the molecule. What a task!

Caleb continued his friendship with Clara, at first occasionally and then more frequently. The friendship was platonic at first. Clara was genuinely interested in Caleb's endeavors. But Caleb looked upon Clara as more than a spiritual comrade. He even thought he saw a glimmer in her cold eyes occasionally. When he held her hand and kissed it on one occasion, she didn't seem to resent it. He did not think she was a block of ice, but almost frozen. Weeks, months and years passed, and he told Clara progress was slow. He hoped he might live to solve the problem of emotional rejuvenation.

One of his assistants, Dr. Carl Shultz, was a devoted researcher. He was renowned in his field. The product of the late 20th century, he was now 50 years old. His physical appearance was that of a big-headed boy. He was sharp, whereas Jacob Mendel, Caleb's other helper, was less keen. He had been born before the days of eugenics and the causes for congenital anomalies were known. Congenital malformations were found to be due to infections, medical or dietary indiscretion and these deformities were no longer seen. But Jacob had had congenital dislocations of his hips, and he had an opening in his windpipe and esophagus. This was repaired surgically, when he was a baby.

The three researchers were totally unalike. Benevolent and charitable Caleb with his deep penetrating voice could be, in the heat of argument, a lion at bay. He was a perfectionist and had little patience with scientific mediocrity. His laconic way of expressing himself allowed no embellishments —just pure fact. Carl Shultz was a red-cheeked, myopic, truculent person whose knowledge of computers was unquestioned. He more or less exemplified the better part of his German ancestors with their self-reliance, skill, tenacity of purpose and the endless desire to catalogue and classify all knowledge on machines. He was at times stubborn, even cruel in his invectives against those who would interfere with his scientific desires.

Jacob Mendel was a rather shy, short, sensitive, whimsical man who had a high voice. He wrote in a florid, sententious style, spoke softly, yet enthusiastically almost to the point of exuberance. Mendel had a receptive and perceptive mind, and was a conscientious worker.

None of this heterogenous group could be classified as sartorially elegant but all were clean. A more symbiotic trio could hardly be imagined. Their goal was the same—their paths to that goal varied widely. They constituted a team even in the 21st century. Day after day they worked. Microscopes,

tissue cultures, test tubes, various chemicals were in abundance everywhere.

But, despite the long hours in the laboratory, there was some time for recreation. The friendship between Caleb and Clara had grown. They were together as often as time would permit. Both were busy, and opportunities for rest and relaxation were few, and Clara did not particularly want or need companionship. Caleb had changed. He no longer complained of being old, lonely and bewildered. He was not an anachronism now. Consumed with his idea, he did very little, actually, except to have daily conferences with his co-workers. But he read and listened and he learned. He was attaining that supreme satisfaction that comes from the pride of accomplishment.

Anatomical Atoms

The year was now 2010. Ten years had passed since the experiments with nerve cells and atoms had begun. One day, Shultz called a meeting and explained that a cell functioned by atomic rearrangement—not fission. This rearrangement, if it could be induced, would reestablish function.

Mendel spoke first, "Nuclear proteins are composed of RNA and DRNA which are nucleic acids. Within each tiny nebulous body which exists in the protoplasm of the cell, atoms and molecules revolve much as satellites revolve around the sun, the moon and the stars. Our study of these movements by the videographic and audiographic atomic devices has enabled us to penetrate the nerve cells of the anterior cortex. When we trace their movements, we find a rhythmic orbit which varies little under all types of stimuli."

Caleb broke in, "Even under emotional stimuli, such as man and woman?"

"Yes," Mendel answered, "there is absolutely no variation of these orbits under any condition. Moreover, we have had hundreds of loyal volunteers to experiment upon."

"I agree with Jake," Shultz stated. "Something must be found to vary the orbital paths, and then we can study the results."

Many months elapsed before the next important meeting. This time Mendel announced: "Carl and I now control the paths of atomic bodies within the cell and the nucleus. The cell orbits are not as important as the atomic movements within the nucleus around its center, the nucleolus."

Carl interjected, "By tagging the atoms with atomic material, we know their orbits. When a tagged nucleic acid is injected into the blood stream with atoms of the same size as those found in brain cells, the usual orbital paths of the atoms in nerve cells are disarranged."

"Moreover," he continued, "when this occurs, behavior patterns vary from their usual manner of unemotional regular reactions."

Mendel then stood up, and with a smile he announced, "I tried our new brain cell stimulator serum on a young man and woman"—he rolled his eyes in ecstasy—"they smiled at each other. There was an emotional attraction not seen in this age. Of course, I am biased with hope."

Caleb agreed but thought a group of men and women should volunteer and that people without the "emotional serum" injections should be available. All were in favor of scientific controls, and therefore the experi-

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ments were continued.

Experiments were pursued for another year. At first no changes were noted. Slowly the men and women receiving serum were using a new vocabulary. Words such as friendly, sweet, lovable, sorrow, joy, began to appear. These people laughed and cried, showed anger and pleasure; the controls did not. Two couples under treatment fell in love and were married. The serum had good potentials, without a doubt. But for every good there is an evil, and for every joy a sorrow. Kindness and meanness, altruism and acquisitiveness began to appear —even crime. One of the volunteers stole a microscope and was caught. In this new scientific world, the end justified the means and this is correct, but when it spills over into social behavior, the individual means nothing—this concerned the research team.

Another meeting became necessary. Caleb, Carl and Jacob were very disturbed. The good effects were desirable, the bad not. Jacob spoke, "Any serum that can do good may also have the potential of doing harm. Emotions being what they are, they cannot all flow in one direction. You have had a life where there were no emotions. If this 'emotion serum' becomes available to everyone, and it should, you must expect the bad effects with the good. The answer lies in the individual control of the emotions."

Caleb scratched his grey head and said, "Really, gentlemen, we are recalling the words of ancient philosophers. Plato believed that emotions were the highest good. Kant stated that people who laugh and cry are weaklings, emotions should be buried forever. But Spinoza summed it all up when he said that the highest emotional attainment is that which is under the individual's control. He laughs when he feels happy and cries when he is sad."

He continued, "In my era, we always told patients that any medicine capable of doing good was also liable to do harm if used improperly. This is nothing new. This generation will have to educate itself to control. Education and self discipline is the answer."

A Charismatic Caleb

Clara and Caleb had frequently discussed the progress of the experiments and the desirable and undesirable social effects of the astounding and unbelievable new "emotion control serum." They were together one evening and Caleb announced that his research was inchoate because "people who can't think except in terms of science will be able to do so; there will be tolerance instead of bigotry, altruism in place of selfishness."

"Clara," he said joyfully, "I have taken the serum because I wanted to test its reaction, and now I think clearly, and rationally. I know that I am in love with you. This you will not perceive, but won't you please accept the product of our great discovery? Because now,

"You are so beautiful
Yet so cold,
Just like a waxen model
Who appears to live
But is inanimate."

Caleb continued with his poor poetic inspirations,

"I was a man remade
With parts that did
But poorly function,
And I did wish in vain
For love and real devotion.

"Now with life prolonged
And with it mind and memory,
All barrenness has been removed
And in its stead, just you."

He sighed and said, "Oh, hell, I think I'm getting sentimental. This is all silly."

But Clara thought otherwise. She wanted to try the serum and she accompanied him to the laboratory, where Dr. Mendel administered the first injection.

Months passed and autumn came. The leaves on the few remaining trees were turning into their magnificent hues of brown, gold, yellow, orange and red. Very little green remained. Clara and Caleb took long walks together. One day with the sun slowly descending in the west and the trees aglow in all their colored splendor, Clara remarked, "Aren't the trees beautiful? The shades of red are gorgeous. I have never noticed this before."

"Holy cows and sacred white elephants!" Caleb yelled excitedly. "This is the beginning of appreciation. Our serum is working."

Clara continued, "I see the beauty of the sky and the trees. I hope there will be a place for flowers some day."

Walks and talks and dinners continued. One cold winter night they were sitting in Caleb's living room before the old-fashioned fireplace, now heated by electrical logs. Caleb looked at Clara with adoring eyes, and she returned his gaze with understanding and perception.

"I guess I'm head over heels in love," Caleb said softly, with tremulous voice. "I hope you can learn to return my affection and to know how wonderful and joyful love can be, even at our age."

Clara did not blush, nor did she seem surprised. "I am beginning to appreciate emotions. You are correct in saying that I do not know what love really is. But I do know that I want to be with you all the time, and I am not content, perhaps I could say happy, with anyone else."

Caleb came over to Clara and grasped her in his arms, kissing her fondly all the while. When he had regained his composure, with tears of joy he shouted, "Clara, you have just defined love, 'I want to be with you always'."

"Marry me! We shall be a team, working together. Perhaps we can develop an emotional serum with control, so that selfishness, strife and struggle between men will disappear and"—here Caleb was visibly moved—"maybe all people will love their neighbors as themselves. Perhaps this cold world can become warm again and still retain its scientific endeavors."

Clara threw herself into Caleb's arms. "This is not a scientific embrace," she sighed.

"I'll say it isn't," Caleb shouted, "This is a passionate hug and kiss, and oh, boy, do I love it! I love, love———love it!" ◄

All characters, names and places described in this story are fictitious. Any resemblance to persons living or dead is purely coincidental.

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Nov. 28—Dec. 1, 1965
Philadelphia, Pennsylvania

PHILADELPHIA, Dec. 1—An ISMA resolution recommending that the AMA publish a socio-economic newsletter for the benefit of all AMA members was among the major subjects acted upon by the American Medical Association's 19th Clinical meeting Nov. 28-Dec. 1 in Philadelphia.

The AMA House of Delegates instructed that the newsletter be included as a part of *The AMA News.*

Indiana's delegation to the meeting was composed of Drs. Harold C. Ochsner, Indianapolis; E. S. Jones, Hammond; Francis L. Land, Fort Wayne; Robert M. Brown, Marion; Frank H. Green, Rushville; Guy A. Owsley, Hartford City; Jack E. Shields, Brownstown; Maurice E. Glock, Fort Wayne and Dwight W. Schuster, Indianapolis.

Also attending from Indiana were members of the ISMA Executive Committee: Drs. K. O. Neumann, E. S. Rifner, E. T. Edwards, Ralph T. Everly, G. O. Larson and Lester H. Hoyt; James A. Waggener, executive secretary and Kenneth W. Bush, administrative assistant.

Members of the association met at breakfast with the delegates and alternates to discuss resolutions and other matters coming before the house. Decisions were then made as to the position Indiana delegates would take on various proposals.

"Usual and customary" fees and prevailing fees, abortion and sterilization, billing and payment for medical services, membership dues, organization of the House of Delegates, and federal health care laws were among the other subjects acted upon by the house.

President James Z. Appel in his address to the house on Sunday described medicine's efforts "to guide in the best possible direction the actions that government agencies are now taking to activate existing law (PL 89-97)." He then reviewed the activities and responsibilities of the six technical advisory committees under the Medicare law.

"Their suggestions have been received favorably in most instances," he said. "And we are hopeful that they will be translated into the final published regulations . . . (but) we know that in certain significant instances this will not be true." (See detailed story on Dr. Appel's address on page one of the December 6 issue of *The AMA News.*)

The house elected Dr. Drew M. Petersen of Ogden, Utah, to fill an unexpired term on the Council on Medical Service.

Final registration reached a total of 9,423, including 4,619 physicians.

"Usual and Customary" and Prevailing Fees

One of the most controversial issues before the house and the Reference Committee on Insurance and Medical Service was the "usual and customary" fee concept and the prevailing fees program of the National Association of Blue Shield Plans.

The house reaffirmed its support of the "usual and customary" fee concept as the basis for reimbursing physician participants in government programs at all levels of government. It also urged "the individual physician's usual and customary fee concept to all third parties."

It took this action after modifying a Board of Trustees' report on the new "prevailing fees" program of NABSP. The modified report recommended:

"That the concept of the prevailing fees program of the NABSP be noted as one of the methods of compensation in those regions where the prevailing fees program is approved by the local or state medical society."

In its report, the board recalled a statement adopted by the house at the 1965 Annual Convention, which recommended that when government assumes financial responsibility for an individual's health care, reimbursement for professional services should be on the same basis as in the case of other indispensable elements of health care.

"Therefore, reimbursement for the services of physicians participating in government-supported programs should be on the basis of 'usual and customary' fees," the statement said.

Abortion and Sterilization

Recommendations for the enactment of legislation to legalize abortion and sterilization under certain conditions were referred to the board for further study. This action was taken after the house had received a report from the board containing the recommendations of the Committee on Human Reproduction.

The house did suggest that the AMA can "render a distinct public service in this matter by conferring with other interested groups such as lawyers, clergy, sociologists, legislators, and government administrators."

It concurred in the reference committee's report that "it is not appropriate at this time for the AMA to recommend the enactment of legislation in this matter (abortion) for all states. The problem is essentially one for resolution by each state through action of its own legislature."

The report also stated that "it is true that there are medical implications in such legislative decisions; physicians in each state should freely provide information and guidance on these medical implications. However, enacting laws to integrate the medical aspects with the moral, ethical, religious, economic social tradition, and other aspects of the problem is clearly the exclusive prerogative and the responsibility of the legislature of each separate state."

In its report the committee said the problems of sterilization "appear subject to the same general considerations as the problems of abortion."

On the problem of contraception, the house reaffirmed its 1964 policy statement that "the prescription of child-spacing measures should be available to all patients who require them, consistent with their creed and mores, whether they obtain their medical care through private physicians or tax or community-supported health services."

It also endorsed a statement that "appropriate legislation be enacted, wherever necessary, so that all physicians may legally give contraceptive information to their patients, consistent with the policy statement of December, 1964, and with the judgment and conscience of each individual physician."

Billing and Payment for Medical Services

Eight statements on fees charged by physicians for medical services were affirmed by the house. These are applicable "irrespective of whether such fees are paid by the patient, or paid or reimbursed in whole or in part under Public Law 89-97, or any other third party plan," the house stated. Here are the eight statements:

"1. The intimate relationship between physician and patient is served best without the interposition of any third party carrier, whether in the area of diagnosis and treatment or the payment for these services.

"2. It is the patient's responsibility to deal with third party carriers in the area of financial assistance provided that the physician is at all times mindful of his obligations to the patient under Section 1 of the Principles of Medical Ethics.

"3. The physician-patient relationship is served best when there is an advance understanding regarding the payment of fees and the physician bills the patient directly for services rendered. However, the physician is ethically free to choose in each case the manner in which he is to be compensated, based upon the exercise of his independent judgment.

"4. The American Medical Association does not approve of any program which may directly or indirectly promote the charging of excessive fees or which interferes with the physician's right to charge fees commensurate with the services he renders.

"5. The American Medical Association opposes any program of dictation, inter-

ference, or coercion, whether direct or indirect, affecting the freedom of choice of the physician to determine for himself the extent and manner of participation or financial arrangement under which he shall provide medical care to patients under Public Law 89-97, or other third-party plans.

"6. It should be remembered that insurance does not create any new wealth. It merely assists in conservation. Insurance may conserve the ability of an insured person to fulfill his normal financial obligations. It does not enhance his ability to discharge added responsibilities if they are in the form of increased fees. To use insurance as an excuse to revise professional fees upward is but to contribute to the defeat of its purpose. If these indisputable and self-evident facts are not embraced by the entire membership of the profession, then it will have dealt irreparable harm to the whole movement. Also, any such failure might give impetus to whatever demand now exists for forcing rigid benefit schedules on the professional. (The foregoing is from a report of the Council on Medical Service to the House of Delegates at the Clinical Meeting in 1954).

"7. The charging of an excessive fee is unethical and is contrary to Section 7 of the Principles of Medical Ethics. The physician's fee should be commensurate with the services rendered and the patient's ability to pay. (The foregoing is from a report of the Judicial Council which was approved by the House of Delegates at the Clinical Meeting in 1960).

"8. It is not contrary to conscience for the physician to consider the patient's ability to pay if he fixes his particular fee within reasonable limits. In matters relating to fees, the physician should try, to the best of his ability to insure justice to the patient and himself and respect for his profession. (The foregoing is from an opinion of the Judicial Council in 1958)."

Membership Dues

A $25-a-year increase in membership dues, effective Jan. 1, 1967, was endorsed by the house when it was informed by the board that additional income will be needed by then to avoid deficit spending.

The increase, to $70 a year for the AMA's 165,000 dues-paying members, will go before the house for final action at the 1966 Annual Convention because AMA Bylaws state that annual dues may be presented by the house only for the ensuing calendar year.

Board Chairman Percy E. Hopkins, M.D., told the house that "during 1964 and 1965, the AMA will have incurred an operating deficit of more than 1 million dollars." The budget for 1966, he said, is now narrowly in balance.

The 1966 budget calls for spending some 27.6 million dollars, Doctor Hopkins reported, including almost 10½ million dollars on scientific programs, 5 million on health education and other medical service programs, more than 1 million to maintain physician records, and another million in the communication's program. Travel and meeting costs will exceed 2 million dollars.

"In a society," Doctor Hopkins said, "which has adopted inflation as a national policy and in which our system of medical care has become a pawn of politicians, it is not realistic to expect that we can limit tomorrow's programs to yesterday's income. Already demands are mounting from medical societies and physicians for a stronger and more effective AMA. These needs must be met and they must be adequately financed."

Doctor Hopkins said that AMA's income in 1960 was just under 16 million dollars, while in 1966 it will exceed 27 million, an increase of 11 million. "This represents increases of 3.9 million dollars from membership dues, 4.3 million in advertising revenue and 2.8 million from other sources.

"During this same period," he stated, "the challenges thrust upon the association required even greater expenditures—from 15.7 million dollars in 1960 to a need for 27.6 in 1966."

In support of the dues increase, the house noted that AMA's dues-paying members provide less than 30% of the association's income.

Gundersen Report

The house approved some of the many recommendations of the Committee to Re-

Continued



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view the Organization of the House (the Gundersen Committee) but it did not approve a number of others.

Here are the house actions on some of the committee's recommendations:

Size of the House of Delegates. Approved the suggestion that the growth of the AMA House be slowed down after it reaches 250 members. When it reaches that size, the apportionment ratio will be automatically raised from one delegate per 1,000 members, or fraction thereof, to one delegate per 1,250 members, or fraction thereof, in electing further delegates to represent each state association.

Reports of Councils and Committees. Rejected the proposal that reports of the Council on Medical Service and Medical Education be transmitted through the Board of Trustees before being presented to the house.

Reference Committees. Adopted the recommendation that there be three reference committees by name—Amendments to Constitution and Bylaws, Credentials, and Rules and Order of Business—and as many others be appointed "as may be required to consider the items of business before the house."

Tenure of Subcommittee Members of Standing Committee. Approved a change in the Bylaws "to limit to specified terms of one to three years the tenure of members of special committees of the councils and committees of the house, with a limitation of 10 consecutive years of service."

Committee on Medical Practices. Concurred in a recommendation that the Committee on Medical Practices be discharged with thanks and its responsibilities "be assigned by the board to existing councils and committees."

Committee on Insurance and Prepayment Plans. Rejected a plan to make this committee a council of the board, and the committee was retained under the Council on Medical Service.

Tenure of Office of Trustees. Turned down a proposal that would have affected the tenure of office of AMA trustees.

Affairs of Standing Committees. Directed that a Bylaws change be prepared to remove the privilege of the Councils on Medical Service and on Medical Education of nominating to the board the secretary of the respective council. Also approved the suggestion that a vice-chairman be elected by each standing committee of the house.

Resolutions to House. Rejected the idea of a resolutions expediting committee and the recommendation that the deadline for resolutions be 10 days prior to the house meeting.

Federal Health Care Laws

The house took a number of actions with regard to federal health care laws passed in 1965, such as PL 89-97 (Medicare) and PL 89-239 (the Heart Disease, Cancer and Stroke Amendments). These actions included:

—"That the AMA immediately seek remedial action to delete the requirement in Public Law 89-97 that a patient be hospitalized to establish eligibility for nursing home care."

—"That the AMA immediately seek remedial action to amend Public Law 89-97, Part B, Title XVIII, by deleting the word 'receipted', from Section 1842 - Part 3, Item B, line (ii), and substituting 'such payment will be made on the basis of a method of payment so arranged to preserve and continue the professions current practice of billing.'" Also approved "that the AMA recommend that the Department of Health, Education and Welfare establish that an agreement for payment between the patient and physician constitutes valid evidence of services rendered."

—Authorized a study of the constitutionality of PL 89-97 by calling on the board to "take such action as may be necessary and appropriate to provide for the study and investigation of all aspects of PL 89-97 for the purpose of determining possible court action to test the legality and constitutionality of any provision or regulation issued under the law," and authorized the board to "initiate such legal proceedings as it may deem advisable to implement the purpose and intent of this resolution."

—Endorsed the Council on Medical Services' recommendation "that the state and

local medical societies be urged *at this time* to assume leadership in the establishment of local advisory committees" under the Heart Disease, Cancer and Stroke Amendments of 1965. The house noted that a National Advisory Council under PL 89-239 already has been appointed by federal officials and that the AMA was not given an opportunity to recommend possible appointees to the Council. "Therefore," the house declared, "active physician participation at the state and local levels is of utmost importance."

—Urged HEW to "seek consultation with practicing physicians" in formulating regulations under Title XIX as has been done under Title XVIII of the medicare law. It also instructed the AMA president and AMA Advisory Committee to HEW to "offer and urge such consultation."

—Adopted a resolution that the board "continue to seek, through all appropriate means, the implementation and administration of federal medical and health programs other than those of the Armed Forces and Veterans' Administration by the Surgeon General of the Public Health Service, and especially those programs under Title XIX of PL 89-97."

—Declared that the AMA Advisory Committee on PL 89-97 and 89-239 should persist in its efforts to achieve "practical recognition" by HEW of the differences between utilization review and claims review. The house adopted a report of the Council on Medical Service which said that "widespread confusion exists between the utilization review function and the claims review function." It also adopted a series of recommendations in the report aimed at clearing the confusion.

Other Important Actions

A study committee to evaluate planning techniques and development, which was established by the Board of Trustees, was concurred in by the house. The committee was given the tasks of (1) reviewing and studying current planning procedures in AMA, and (2) studying and recommending new mechanisms for organizational arrangements to achieve more effective planning and development in the future. Membership on the committee includes five board members, the chairmen of the Councils on Medical Service, Medical Education and Legislative Activities, the Speaker of the House and two house members selected by the speaker.

Disapproval was expressed by the house of portions of the Coggeshall report, "Planning for Medical Progress Through Education," published earlier this year by the Association of American Medical Colleges. The house opposed "the basic philosophy" of portions of the report, such as:

—That the AAMC should "serve as spokesman for organizations concerned with education for health and medical sciences" and "no other organization is in a comparable position to bring together and express a comprehensive view."

—That "the professional aspects of education for health and medical sciences should be regarded as an essential function and fully integrated component of university organization, with decreasing dependence upon or control by organized professions and their related associations."

A policy statement on federal aid to medical education was adopted by the house. It urges that (1) a major objective of the policies of the AMA should be to place the control of the full range of medical school functions in their institutional governing bodies, (2) action of the AMA should be designed to achieve this objective by proposal of appropriate legislation, and (3) the AMA should foster diverse sources of support for medical schools under circumstances that prevent any extramural source from exercising controlling influence.

The house approved a resolution aimed at responding immediately at the national and local levels to statements discrediting medicine. It directed the board to provide for such response by the AMA and encouraged state and local medical societies to react similarly to statements appearing at the local level and concerning matters within the society's competence and knowledge.

There were scores of other actions by the house. Briefly here are some of them:

1. Defeated a proposal to set more stringent requirements for calling a special session of the house.

2. Approved a Bylaws change permitting

recognition by affiliate AMA membership of physicians "who are members of the chartered national medical societies of foreign countries, to be approved and nominated by the Judicial Council" and members of the press who have served medicine well.

3. Approved a resolution calling for continued efforts, through "all appropriate channels," to achieve a separation of billing and payments for professional fees from hospital charges under insurance contracts written by the health insurance industry.

4. Urged the American Hospital Association to "assist the hospitals of the U.S. to establish a system of uniform cost accounting and billing."

5. Asked that all colleges and universities should have health education programs for their students.

6. Commended physicians in government service for "their support of the medical profession and their service to the public."

7. Agreed to a re-writing of two sections of a model agreement between hospitals and physicians providing professional services in hospital emergency departments to conform to principles established by the house.

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8. Approved measures aimed at decreasing substantially the perinatal death rate through perinatal study committees in hospitals.

9. Requested state medical associations to act to assure that physicians are properly represented on state Hill-Burton hospital advisory councils.

10. Asked the Federal Aviation Agency to change its regulations so that any person applying for a pilot's license would be giving his implied consent to sobriety examinations by aviation officials.

11. Adopted a statement by Edward R. Annis, M.D., commending Arthur Hess, the director of the Social Security Administration's Bureau of Health Insurance, for his "wholehearted cooperation" with the AMA's advisory and technical committees on medicare.

12. Decided that AMA conventions should continue to open on Sunday, and that the inauguration of the incoming president should be held on Tuesday evening of the annual convention.

13. Instructed the Council on Medical Service and its Committee on Welfare Services to develop for the AMA its definition and principles for the determination of medical indigency.

14. Accepted for information an opinion adopted jointly by the Council on Medical Service and the Judicial Council which states that ". . . when a physician assumes responsibility for the services rendered to a patient by a resident or an intern, the physician may ethically bill the patient for services which were performed under the physician's personal observation, direction and supervision."

15. Repeated a previous policy statement urging the creation of a separate post in the Cabinet of the President of the U.S. for a Secretary of Health.

16. Commended past-president Edward R. Annis, M.D., for his "leadership, his dedication and his tremendous contribution to medicine's campaign to preserve the world's finest system of medical care."

17. Elevated to status of "Council" the Committee on Environmental and Public Health.

18. Approved the following schedule of

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Contraindicated in comatose or greatly depressed states due to CNS depressants and in cases of existing blood dyscrasias, bone marrow depression and pre-existing liver damage. *Principal side effects,* usually dose-related, may include mild skin reaction, dry mouth, insomnia, fatigue, drowsiness, dizziness and neuromuscular (extrapyramidal) reactions. Muscular weakness, anorexia, rash, lactation and blurred vision may also be observed. Blood dyscrasias and jaundice have been extremely rare. Use with caution in patients with impaired cardiovascular systems.

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AMA Conventions:

Annual Conventions—1966, Chicago; 1967, Atlantic City; 1968, San Francisco; 1969, New York City; 1970, Chicago.

Clinical Conventions—1966, Las Vegas; 1967, Houston; 1968, Miami Beach; 1969, Denver; 1970, Boston.

Opening Session

The executive vice-president outlined the programs, facilities and activities of the AMA headquarters and the services given by the association through its various councils and committees to the profession and the public. His presentation was at the request of the house during the October, 1965, special convention in Chicago.

He warned the house that the federal government, the university-medical school complex and the hospital system is combining "to mold and shape the pattern of health care in this country."

He said that this "triumvirate of forces" has "enormous potential for drastically altering the pattern of medical education, research and service."

He also urged the medical profession to be "prepared to seize the initiative and keep it" on the vital issues of medical education, rising health care costs, quality controls, ethics and discipline and strengthening the medical federation at the state and local levels.

Monday Session

Contributions totaling more than $463,000 were presented to the American Medical Association Education and Research Foundation.

These were: $203,655 from the California Medical Association, $189,000 from the Illinois State Medical Society, $45,000 from the New Mexico Medical Society, $15,610 from the Utah State Medical Association, $9,605 from the Medical and Chirurgical Faculty of Maryland, and $510 from the Woman's Auxiliary to the Clackamas County, Ore., Medical Society. ◄

F. J. L. Blasingame, M.D.
Executive Vice-president
American Medical Association

★

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Each Eutron tablet contains two proven antihypertensives in the ratio shown to be most effective in most patients.

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A single product you can use even in the presence of congestive heart failure or edema

Eight out of 10 patients respond

In clinical trials, Eutron produced normotension or a significant reduction in blood pressure in eight out of 10 patients studied. The rationale for the product is this: Eutonyl used alone is a potent antihypertensive. Its antihypertensive action is markedly enhanced by Enduron, a potassium-sparing thiazide.[1,2,3] The combination (Eutron) thus produces greater antihypertensive effect with lower dosages of the Eutonyl component, and milder side effects may be seen.

1. Torosdag, S., Schvartz, N., Fletcher, L., Fertig, H., Schwartz, M. S., Quan, R. F. B., and Bryant, J. M., Pargyline Hydrochloride as an Antihypertensive Agent With and Without A Thiazide, Am. J. Cardiol., 12:822, Dec., 1963.

2. Pollack, P. J., Pargyline Hydrochloride and Methyclothiazide Combined In The Treatment of Hypertension, Cur. Thera. Res., 7:10, Jan., 1965.

3. Bryant, J. M. et al., Antihypertensive Properties of Pargyline Hydrochloride, New Non-Hydrazine Monoamine Oxidase Inhibitor Compared with Sulphonamide Diuretics, J.A.M.A., 178; 406, Oct., 1961.

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BP reductions in the recumbent and sitting positions often are nearly as great as in the standing. In clinical trials, the average *recumbent* BP reduction was 36/18 mm. Hg.



The average *standing* reduction in clinical trials was 45/22 mm. Hg. Thus the difference between the standing and recumbent readings was only 9/4 mm. Hg.



Significantly lowers blood pressure in all body positions; less likelihood of orthostatic hypotension

In clinical trials, the average reduction in standing blood pressure was 45/22 mm. Hg.: in the sitting position it was 48/20 mm. Hg.: and in the recumbent position, 36/18 mm. Hg.

Because Eutron effectively reduces blood pressure in all body positions, there is reduced likelihood of orthostatic symptoms or hypotension.

This was reflected in the relatively mild character of side effects seen in clinical trials (see below).

Smooth and gradual onset

Onset of antihypertensive action is usually quite smooth. Initial reduction of systolic and diastolic readings is usually seen within a week — maximum reduction in seven to ten days.

Less troublesome side effects may be seen; frequent improvement in "sense of well-being"

Fewer than 1% of patients studied discontinued Eutron therapy because of side effects. This is due in part to the relatively low dosage needed with the combination. Usual recommended dose is one tablet daily—that is, 25 mg. Eutonyl with 5 mg. Enduron. *This is about half the usual therapeutic dose of Eutonyl given alone.* As a consequence side effects may be milder. And, as with Eutonyl given alone, the patient may well note an increased sense of well being. This is in distinct contrast to most other antihypertensive therapy.

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Prescribing information for EUTRON

INDICATIONS: Eutron (pargyline hydrochloride and methyclothiazide) is indicated in the treatment of patients with moderate to severe hypertension, especially those with severe diastolic hypertension. It is not recommended for use in patients with mild or labile hypertension amenable to therapy with sedatives and/or thiazide diuretics alone.

CONTRAINDICATIONS: Eutron is contraindicated in patients with pheochromocytoma, advanced renal disease, paranoid schizophrenia and hyperthyroidism. Until further experience is gained it cannot be recommended for use in patients with malignant hypertension, children (under 12 years of age), or pregnant patients.

The concomitant use of the following is contraindicated: other monoamine oxidase inhibitors; parenteral forms of reserpine or guanethidine; sympathomimetic drugs; foods high in tyramine such as cheese; imipramine and amitriptyline, or similar antidepressants; methyldopa. A drug-free interval of two weeks should separate therapy and use of these agents.

WARNINGS: Pargyline hydrochloride is a monoamine oxidase inhibitor. Patients should be warned against eating cheese, and using alcohol, proprietary drugs or other medication without the knowledge of the physician. When it is necessary to administer alcohol, narcotics (notably meperidine), antihistamines, anesthetics, barbiturates and other hypnotics, sedatives, tranquilizers, or caffeine, these agents can be used cautiously at a dosage of ¼ to ⅕ the usual amount. Avoid parenteral administration where possible. Withdraw pargyline two weeks before elective surgery.

Patients should be warned about the possibility of postural orthostatic hypotension. Those with angina or other evidence of coronary disease should not increase physical activity. Pargyline may lower blood sugar. Potassium depletion is unlikely at the recommended dosage, but if it occurs, adjust dosage or withdraw or provide added natural food sources of potassium; potassium tablets should be avoided wherever possible, as bleeding or obstructive ulceration of the small bowel has been associated with their use; potassium levels should be especially watched if the patient is on digitalis or steroids, or if hepatic coma is impending.

PRECAUTIONS: When determining the antihypertensive effect of Eutron, blood pressure should be measured while the patient is *standing*. Use with caution in hyperactive or hyperexcitable persons. Such persons may show increased restlessness and agitation. Withdraw drug during acute febrile illness. Watch patients with impaired renal function for increasing drug effects or elevation of BUN and other evidence of progressive renal failure; withdraw drug if such alterations persist and progress. Pargyline has not been shown to cause damage to body organs or systems. As with all new drugs, complete blood counts, urinalyses, and liver function tests should be performed periodically. The drug should be used with caution in patients with liver dysfunction. With prolonged therapy, examine patients for change in color perception, visual fields, and fundi.

Elevated blood urea nitrogen, serum uric acid or blood sugar are possibilities attributable to the methyclothiazide in Eutron. Methyclothiazide may also reduce arterial response to pressor amines. Blood dyscrasias, including thrombocytopemia with purpura, agranulocytosis and aplastic anemia, have been seen with thiazide drugs.

SIDE EFFECTS: The use of pargyline may be associated with orthostatic hypotension. Mild constipation, slight edema, dry mouth, sweating, increased appetite, arthralgia, nausea and vomiting, headache, insomnia, difficulty in micturition, nightmares, impotence, delayed ejaculation, rash, and purpura have been encountered with pargyline. Hyperexcitability, increased neuromuscular activity (muscle twitching) and other extra-pyramidal symptoms have been reported. Drug fever is extremely rare. Congestive heart failure has been reported in a few patients with reduced cardiac reserve. Nocturia has been observed with the combination. If side effects persist, despite symptomatic therapy or reduction of the dose, discontinue the drug.

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Changes in Blue Shield Payment Patterns

(One of a series prepared by Blue Cross-Blue Shield)

Year after year our sales efforts continue to stress the importance of adequate Blue Shield protection. Emphasis is placed on selling the preferred surgical and anesthesia schedules, preferred in-hospital medical protection and diagnostic and pathology endorsements. Every effort is made to sell new accounts—and convert old accounts—to these broader benefits.

The table below graphically indicates what the success of this sales effort has done to the Blue Shield payment pattern, analyzed in terms of medical classifications. For example, anesthesia and diagnostic benefits were not available in 1949. In 1964, anesthesia payments totaled $1,966,248 and diagnostic payments reached $2,219,766. Payments for in-hospital medical services jumped from $8,411 in 1949 to $4,474,760 in 1964. Significant increases also occurred in payments for "radiation therapy" and "all other surgical."

Medical practice has undergone many changes since 1949, and Blue Shield continues to keep up with these changes.

AMOUNT PAID

Medical Classification	1949	1964
SURGICAL:		
T & A	$144,955	$ 675,552
Eye, Ear, Nose and Throat	72,388	1,640,747
Appendectomy	205,840	441,075
Hernia	42,690	794,694
Abdominal	91,910	1,469,942
Proctology & Urology	109,518	1,765,045
Orthopedics	114,395	2,311,413
Radiation Therapy	9,786	283,985
All other surgical	110,903	3,383,966
Total Surgical	$902,386	$12,766,419
MEDICAL:	$8,411	$4,474,760
MATERNITY:		
Deliveries	$259,764	$1,957,212
Gynecology	261,854	1,693,529
Total Maternity	$521,618	$3,650,741
ANESTHESIA:	*	$ 1,966,248
DIAGNOSTIC:	*	$ 2,219,766
Grand Total	$1,432,415	$25,077,936

* These benefits were not available in 1949.

W. C. Huddlestone
Public Relations Division

Medicine At Law

DECISIONS AND OPINIONS

Highlights of recent court actions pertaining to health and medicine from *The Citation* prepared by the Law Division of AMA.

Jury Question Raised in Patient's Suit Against Psychiatrist for Loss of Coat—In a suit against a psychiatrist by a patient for the value of her fur coat, which she put in the reception room closet when she came for a professional visit and which was missing when she was ready to leave, whether the psychiatrist had exercised reasonable care with respect to the coat was a question of fact, a New York trial court ruled.

The psychiatrist maintained an office with two other psychiatrists. No employee attended the reception room where the closet from which the coat disappeared was located.

It would take judicial notice that it was not the custom for a psychiatrist's patient to lie on the couch or sit in the chair in his office wrapped in a fur coat, the court said. By maintaining the closet in the reception room, the psychiatrist impliedly invited the patient to put her coat in it, and he became the coat's bailee when she did so. It could not be said that the patient was, as a matter of law, contributorily negligent because she placed the coat in the closet. There was a question of fact whether, under the circumstances existing at the time and place of the happening, the psychiatrist exercised reasonable care with respect to the patient's coat.

Laval v. Leopold, 262 N.Y.S. 2d 820 (N.Y., March 25, 1965).

Physicians Jointly Liable for Office Assistant's Workmen's Compensation Award—Two physicians were jointly liable for workmen's compensation benefits awarded to the claimant, jointly employed by them as receptionist and general office assistant, for injuries sustained in a fall, even though at the time of the fall she had come to work earlier than usual to perform duties for one of them, a Pennsylvania intermediate appellate court ruled.

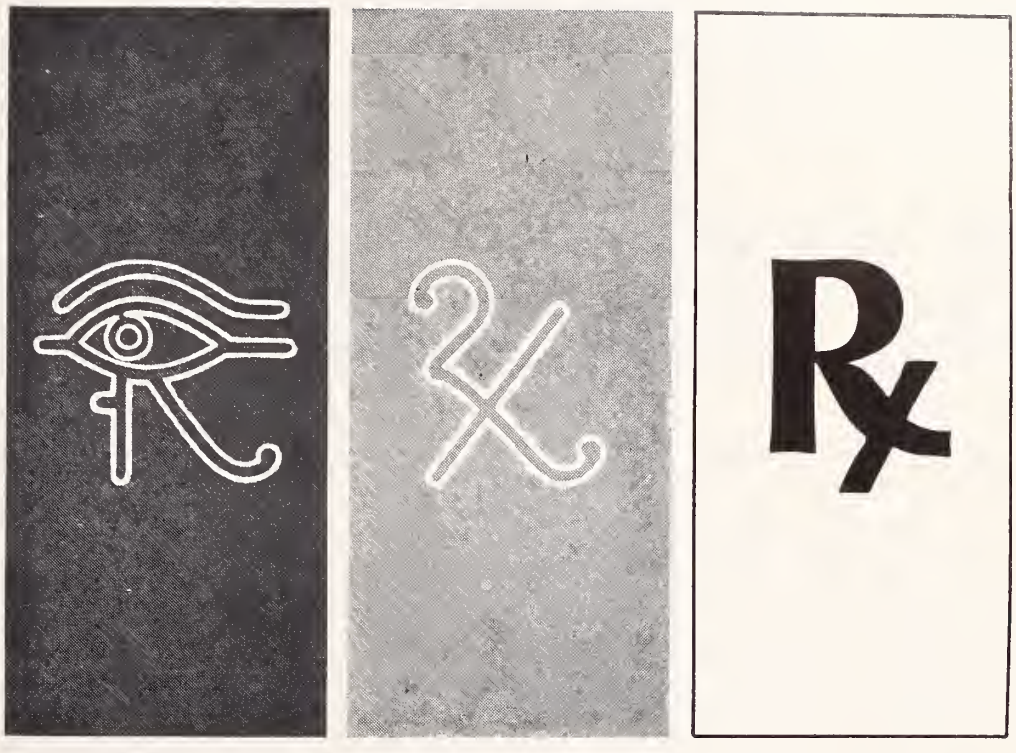
Each physician paid half of the claimant's weekly wage. This, together with the physical structure of the offices, the rest room situation, the telephone set-up and the use of one typewriter for both physicians, indicated a joint venture on the part of both physicians for the employment of the claimant as a receptionist and general office assistant to serve both of them. There was no evidence that she received any extra compensation for coming to work earlier or that, even though her purpose in coming to work earlier than usual was to perform duties for one of the physicians, she was not also available, prepared and actually responsible for performing various duties for both physicians under the joint contract of employment. Once she entered the premises, for whatever purpose, she had a duty to serve both physicians even if it involved nothing more than answering the telephone.

Hatter v. Lenox, 212 A. 2d 916 (Pa., Sept. 16, 1965).

Suit Filed Against Physicians by Patient for Pregnancy After Birth Control Pills Prescribed—A suit for damages against two physicians has been filed in Iowa by a patient who became pregnant although she had taken pills, prescribed for her, which were to definitely prevent her from becoming pregnant. A summary of the allegations of the complaint is set forth below.

The patient consulted one of the physi-

Continued



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cians and he diagnosed her condition as menopause. She told him that she had been practicing birth control. The physician told her that he would prescribe a pill which would definitely prevent her from becoming pregnant and that he could prescribe a pill which combined the ingredients of the birth control pill and certain hormones which were appropriate for the treatment of menopause. He told her to discuss the matter with her husband and let him know if she wanted the prescription, and that she should talk to the office girl or his associate if he himself was not available when she reached her decision. When the patient called the office to say that she wanted the pills prescribed by the physician she had consulted, he was not available and she was referred to his associate. She explained the situation to him and he issued a prescription for pills. The patient took the pills prescribed, believing them to be birth control pills, but they did not prevent pregnancy.

It is alleged that the first physician was negligent in the following respects: (1) failing to exercise the degree of skill, care, and diligence that a reasonable and prudent physician would have exercised under the circumstances; (2) entrusting the patient's care to the second physician, who was not fully informed as to the proper course of treatment; (3) failing to keep proper medical records to inform the second physician of the patient's needs; and (4) failing to check the action taken by the second physician in time to discover and correct the error in treatment.

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It is alleged that the second physician was negligent in the following respects: (1) undertaking to treat the patient without sufficient knowledge of her case and the results desired; (2) failing to check with the first physician as to the action taken in time to discover and correct the error in treatment; and (3) failing to exercise the degree of skill, care, and diligence that a reasonable and prudent physician would have exercised under the circumstances.

A cause of action against the two physicians, jointly, is also alleged. In it, the negligence alleged is a combination of the allegations of negligence in the causes of action alleged against the two physicians individually.

Maley v. Armstrong, Dist. Ct., Linn County (Iowa, 1965).

Exhumations and Autopsies Ordered in Connection with Probate Proceeding—In an action against the heirs and personal representatives of a man who shot his wife and then himself, the wife's heir was entitled to an order for the exhumation of their bodies and autopsies for the purpose of determining which had died first so that it could be established in which estate the property owned should descend, the Nebraska Supreme Court ruled.

The husband had, by will, left his entire estate to his wife. There were no witnesses to the shootings or to the deaths of the husband or wife.

The right to have a dead body remain unmolested must yield to the demands of justice, and exhumation and autopsy should be ordered where they will be useful to the determination of facts in litigation. A pathologist testified for the wife's heir that there was reasonable cause to believe that, if the bodies were exhumed and autopsies performed, it would be possible to determine which of the two died first. That evidence was sufficient to support the order, the court said.

Stastny v. Tachovsky, 132 N.W. 2d 317 (Neb., Dec. 31, 1964). ◄

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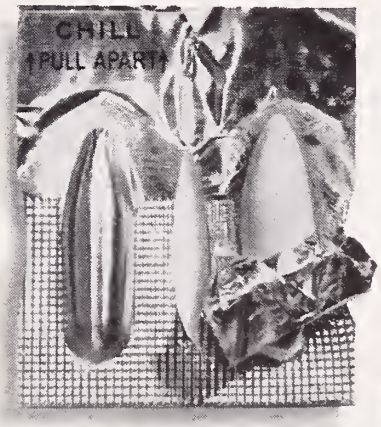
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Contraindications: Contraindicated in individuals who have shown hypersensitivity to any of its components. Not recommended for prophylaxis or in the management of infectious processes which may require more than 10 days of continuous therapy. If clinical judgement dictates therapy for longer periods, serial monitoring of liver function is recommended. Not recommended for subjects who have shown abnormal liver function tests, or hepatotoxic reactions to triacetyloleandomycin.

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Use with caution in lower than usual doses in cases with renal impairment to avoid accumulation of tetracycline and possible liver toxicity. If therapy is prolonged under such circumstances, tetracycline serum levels may be advisable. In long term therapy or with intensive treatment or in known or suspected renal dysfunction, periodic laboratory evaluation of the hematopoietic, renal and hepatic systems should be done. Formation of an apparently harmless calcium complex with tetracycline in any bone forming tissue may occur. Use of tetracycline during tooth development (3rd trimester of pregnancy, infancy and early childhood) may cause discoloration of the teeth. Reversible increased intracranial pressure due to an unknown mechanism has been observed occasionally in infants receiving tetracycline. Glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and definite allergic reactions occur rarely. Severe anaphylactoid reactions have been reported as due to triacetyloleandomycin. Photosensitivity and photoallergic reactions (due to the tetracycline) occur rarely. Medication should be discontinued when evidence of significant adverse side effects or reaction is present. Patients should be carefully observed for evidence of overgrowth of nonsusceptible organisms including fungi, which occurs occasionally, and which indicates this drug should be discontinued and appropriate therapy instituted. Steps should be taken to avoid masking syphilis when treating gonorrhea.



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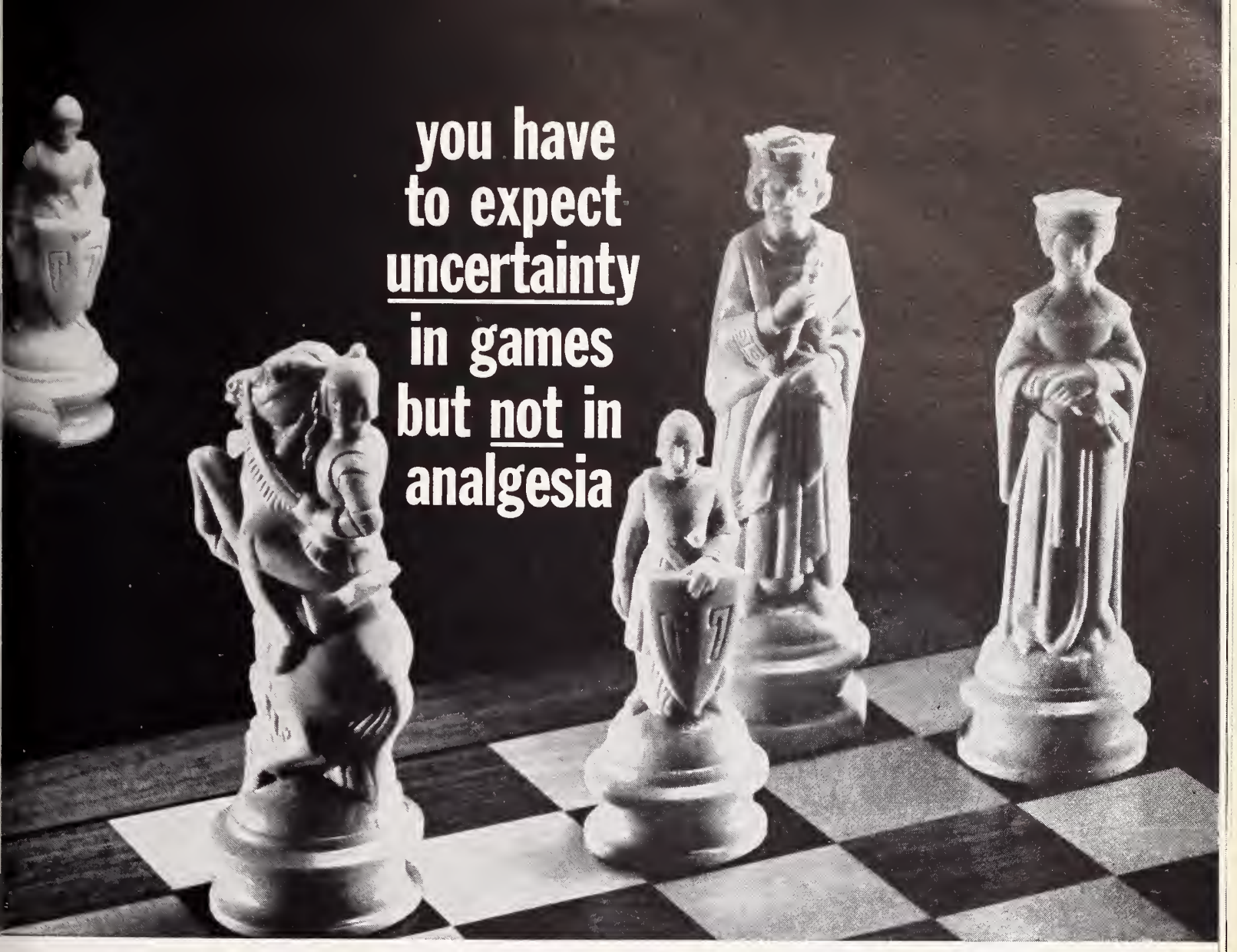
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ABSTRACTS

BOOK REVIEWS

CELLULAR BIOLOGY OF MYXOVIRUS INFECTIONS

Ciba Foundation Symposium, edited by G. E. Wolstenholme and J. Knight; Little, Brown & Co., Boston, 1964; 368 pages and numerous illustrations and tables; $12.00.

Twenty-five of the worlds most distinguished experts in virology gathered from the USA, USSR, Australia, the British Isles and many points between to exchange their gathering knowledge and to discuss the problems vexing them. This is a report of the proceedings following the Ciba format as established over the years.

At the end of the last century, the existence of viruses was just beginning to be suspected. Sinclair Lewis, at the end of World War I, wrote "Arrowsmith," a novel about a scientist who was experimenting with bacteriophages. Then came the electron microscope, isotope labeling, x-ray diffraction scanning and many other newer technics of study. The viruses began to be studied as to their morphology, actual dimensions in Angstrom units (10^{-7}cm.), immunological properties and chemical constituents.

In 1956, the Ciba Symposium on "The Nature of Viruses" was the last word on the subject. The progress of the ensuing decade has been so rapid that the present symposium was the result. Actual chemical formulae are beginning to be written for the key viral components: capsids, capsomeres, interferon and many other structures unknown only yesterday.

This is a strictly dated analysis by experts for experts of what gives in this actively expanding frontier of knowledge. The average M.D. will be tantalized by the contents; real instruction will reach him via the usual, more elementary sources.

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

REPORT OF THE COMMISSION ON DRUG SAFETY

Orders for this report should be addressed to: Federation of American Societies for Experimental Biology, 9650 Wisconsin Avenue, N. W., Washington, D. C. 20014.

This commission was founded in 1962 by the Pharmaceutical Manufacturers Association to further knowledge of the predictability of action of drugs. The group was headed by Lowell T. Coggeshall, Chairman of the Department of Biological Sciences and Vice-President of the University of Chicago.

The 15 members of the commission represented universities, the government and the pharmaceu-

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Side effects: Side effects associated with recommended doses of 'Deprol' have been infrequent and usually easily controlled. These have included drowsiness and occasional dizziness, headache, infrequent skin rash, dryness of mouth, gastrointestinal symptoms, paresthesias, rare instances of syncope, and one case each of severe nervousness, loss of power of concentration, and withdrawal reaction (status epilepticus) after sudden discontinuation of excessive dosage.

Benactyzine hydrochloride—Benactyzine hydrochloride, particularly in high dosage, may produce dizziness, thought-blocking, a sense of depersonalization, aggravation of anxiety or disturbance of sleep patterns, and a subjective feeling of muscle relaxation, as well as anticholinergic effects such as blurred vision, dryness of mouth, or failure of visual accommodation. Other reported side effects have included gastric distress, allergic response, ataxia, and euphoria.

Meprobamate—Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

Dosage: Usual starting dose, one tablet three or four times daily. May be increased gradually to six tablets daily and gradually reduced to maintenance levels upon establishment of relief. Doses above six tablets daily are not recommended even though higher doses have been used by some clinicians to control depression and in chronic psychotic patients.

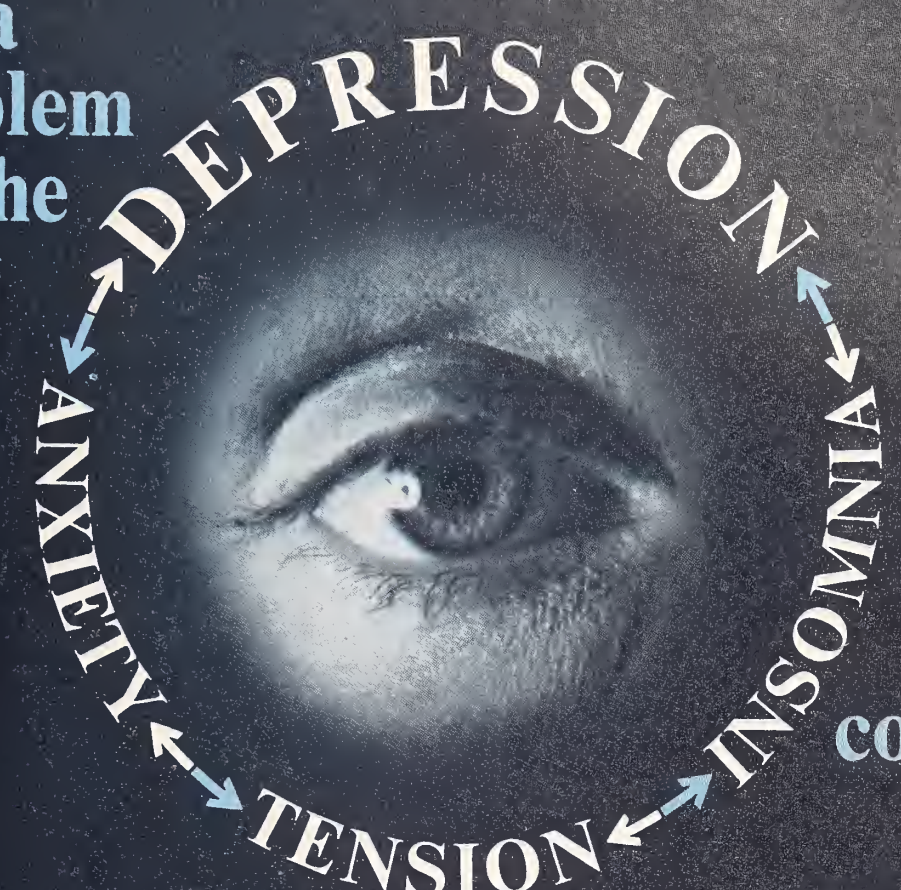
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tical industry. Seventeen subcommittees from various scientific fields and sections of industry were appointed to study their respective aspects of the problem. The commission was terminated with this report in 1964.

The report of the Subcommittee on Teratology is of unusual and timely interest, no doubt because of the recent thalidomide disaster. This tragedy aroused suspicious association between the maternal ingestion of many other substances and congenital malformations. A problem in this area of study is that there are only a few teratologists and few are being trained to carry on necessary investigations. Little is known of the mechanisms of teratogenic effects of drug preparations.

The Subcommittee on the Responsibilities of the University in Drug Safety stressed the fact that the teaching of therapeutics in medical schools has not kept pace with the rapidity of the modern drug era of drug therapy which is scarcely 30 years old. Also government scientists engaged in drug regulation have not kept abreast with developments in research and medicine.

The report also contains tables which give the state legal authority and enforcement agencies in each state. This book of 228 pages contains much useful information for anyone interested and should be in every medical library.

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Abstracts From Various Literature, Prepared by AMA

HUMAN BOTULISM DUE TO COMMERCIAL PRODUCTS

R. W. Reed, C. A. Butas, and R. J. Gall (Department of Bacteriology, McGill University, Montreal)

Canad. Med. Assoc. J. 93:244, (Aug. 7), 1965.

Two cases of botulism occurred in Montreal following ingestion of commercially canned liver paste. A toxigenic, proteolytic strain of *Clostridium botulinum* type B was isolated from the paste in which type B toxi was also demonstrated by animal protection tests. One patient died undiagnosed about 45 hours after eating several liver paste sandwiches. The second developed diploma, dysphagia, speech difficulty, and weakness 18 hours after ingestion of three bites of a sandwich. All symptoms progressed until admission to hospital where he was treated with 160,000 units of divalent botulinum AB antitoxin over a 72-hour period. Recovery was complete. The need for readily available supplies of both diagnostic and therapeutic botulinum antitoxin to meet such an emergency is stressed.

BACTEREMIC SHOCK AS AN ACUTE MEDICAL EMERGENCY

J. Naqui (New Cross Hosp., Wolverhampton, England) and D. G. Tranter.

Lancet 1:1357-1359, (June 26), 1965.

While shock due to bacteremia is well recognized following surgery, particularly on the urinary and gastrointestinal tracts, the authors present observations on five patients observed in medical wards, in whom the diagnosis was confirmed by positive blood culture. Although rigors, pyrexia, leukocytosis, and respiration are useful guides in the diagnosis of bacteremic shock, the presenting features of this condition are very variable. In four cases, treatment by rapid infusion of sodium chloride injection and tetracycline was successful. In patients responding to infusion therapy, hydrocortisone is probably contraindicated. Gross pulmonary edema was found at necropsy in one patient who died shortly after admission, and such edema may be a terminal feature of bacteremic shock.

NORETHYNODREL AND MESTRANOL (ENOVID) IN THE PREVENTION OF RECURRENT ABORTION

R. R. Macdonald (Department of Obstetrics & Gynecology, 17 Springfield Mount, Leeds, England)

Lancet 2:362-365, (Aug. 21), 1965.

Ten pregnant women, with a history of abortion

and with salt crystals in the cervical mucus smear early during pregnancy, were given norethynodrel with mestranol (Enovid) in doses ranging from 5 mg to 40 mg daily. Seven healthy babies were delivered; two of the women had another abortion and the fetus died in utero in the tenth patient. The action of Enovid on the cervical mucus is essentially estrogenic rather than progestogenic, producing the opposite of the desired effect by tending to increase rather than reduce the amount of crystallization. Especially for patients with evidence of progesterone deficiency, the drug is likely to increase rather than reduce the risk of abortion. Enovid does not maintain pregnancy in animals; its use in the prevention of abortion should be abandoned. Any progestational agent which is effective in the management of dysfunctional bleeding or as an oral contraceptive acts by suppressing ovarian activity and may produce endometrial atrophy. Prescribing any such drug in pregnancy should be reconsidered.

THE MALLORY-WEISS SYNDROME: A COMMON CAUSE OF UPPER GASTROINTESTINAL BLEEDING

R. F. Wells (William Beaumont General Hosp., El Paso, Tex.)

Gastroint. Endosc. 12:26-29, (Aug.), 1965.

Hematemesis after an attack of violent retching or vomiting has come to be known as the Mallory-Weiss syndrome. This entity has been considered an unusual cause of upper gastrointestinal bleeding. The preoperative or antemortem diagnosis has been thought impractical and the prognosis has generally been considered grim. This report is based on 553 esophagogastroscopies performed on 536 patients. Of these, 102 were patients with upper gastrointestinal bleeding. In 13 of the bleeding patients, the diagnosis of Mallory-Weiss syndrome was established by gastroscopy. There were no deaths in this group and operative intervention was necessary in only three patients. The pathophysiology of this syndrome is discussed.

HISTOPLASMOSIS AND THROMBOCYTOPENIC PURPURA: TRANSMISSION BY RENAL HOMOTRANSPLANTATION

A. B. Hood et al., (Royal Victoria Hosp., Montreal)

Canad. Med. Assoc. J. 93:587, (Sept. 11), 1965.

Two patients with disseminated histoplasmosis are reported. One patient presented with severe thrombocytopenic purpura and splenomegaly. Histoplasmin skin test, blood and bone marrow cultures and smears, sputum cultures, and chest x-ray were negative for *Histoplasma capsulatum*. She died on the sixth hospital day from a massive intracerebral hemorrhage. Cardiorespiratory function was maintained until one kidney was removed for homotransplantation. The second patient, with chronic glomerulonephritis and uremia, received the renal homograft from the first patient. Initial signs of homograft rejection developed five days postoperatively. Diffuse thrombocytopenic purpura occurred shortly thereafter. Spores of *Histoplasma capsulatum* were observed in blood smears, leukocyte concentrates and in five-day leukocyte cultures from the blood obtained prior to death. Disseminated histoplasmosis was found in both patients at autopsy. The severe platelet deficit in both patients suggests that systemic histoplasmosis should be considered as a cause of thrombocytopenic purpura. To the author's knowledge, this is the first reported instance of direct transmission of *Histoplasma capsulatum* and must be considered a hazard in homotransplantation. In vitro leukocyte cultures as a method for early diagnosis of certain disseminated fungus infections need further investigation.

LOW-FAT DIET IN MYOCARDIAL INFARCTION: A CONTROLLED TRIAL

By a Research Committee (K. Ball, Central Middlesex Hosp., Park Royal, London)

Lancet 2:501-504, (Sept. 11), 1965.

Although diets low in saturated fats and high in polyunsaturated fats reduce the raised blood cholesterol that is often present in coronary artery disease, it has not been definitely established that such diets reduce the risk of recurrences. To obtain evidence on this question, a controlled trial with a low-fat diet was carried out on 264 men, under the age of 65, who had recovered from a first myocardial infarction. On leaving the hospital they were allocated at random to one of two groups at each of the three hospitals participating



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in this investigation. One group was placed on a low-fat diet, while the control group continued with their normal diet. The calculated daily fat intake showed a striking difference between the two groups, being about 45 gm/day in the low-fat group and from 110 to 130 gm/day in the control group. The patients on the low-fat diet lost more weight than the controls which supports a real difference in their dietary behavior. After four years, 38% of the low-fat group and 40% of the controls had had a relapse. Thus despite a lowering of the blood cholesterol and a greater fall in weight in the treated group, the relapse rate was not significantly different in the two groups. It is concluded that in men under the age of 65 who have survived a first myocardial infarction, a low-fat diet does not improve the prognosis.

HORMONE EXCRETION PATTERNS DURING AND AFTER THE LONG-TERM ADMINISTRATION OF ORAL CONTRACEPTIVES

J. A. Loraine, et al. (University of Edinburgh, Medical Research Council Clinical Endocrinology Research Unit, Edinburgh)

Acta. Endocr. 50:15-24, (Sept.), 1965.

Hormone assay studies were conducted in five women receiving long-term oral contraceptive therapy with progestogen-estrogen combinations and in one subject receiving a progestogen alone. The results, which confirmed those of a previous investigation, showed that pituitary inhibition was not produced in spite of long-term treatment and that, following withdrawal of medication, the cycles reverted to an ovulatory pattern. In at least two women the pattern of urinary steroid in the first cycle after treatment was atypical.

TRIPLOIDY IN A HUMAN CELL LINE

J. D. Regan and J. B. Smith, (Genetics Department, University of Hawaii, Honolulu)

Science 149:1516-1517, (Sept. 24), 1965.

Cytogenetic studies of the karotype of strain RA ("recovered amnion"), a continuous epithelioid line derived by spontaneous alteration from clinically normal, term, human amnion, are described. Strain RA is of interest because its major stem line is essentially triploid. Periodic enumeration of chromosomes of RA cells over a three-year period indicated shifts in chromosome number that could be described by an interplay of one or several hyperdiploid stem cells with 55 to 61 chromosomes and an essentially triploid stem cell with 70 chromosomes. Consistently present in the triploid cells were two marker chromosomes, a small centric fragment and an apparently telocentric D. At various times, triploid cells constituted 40 to 80% of the population. The forces which may bring about shifts in the stem line predominance in cell cultures are discussed in detail. The possible origin of the triploid cell is a diploid/triploid mosaic amnion.

ULCERATIVE COLITIS AND PREGNANCY

F. T. De Dombal, et al., (General Infirmary, Leeds, England)

Lancet 2:599-601, (Sept. 25), 1965.

A retrospective analysis of 107 pregnancies in 72 patients with ulcerative colitis yielded no evidence that pregnancy affects ulcerative colitis adversely, or that ulcerative colitis affects pregnancy adversely. The apparently adverse effect of pregnancy on ulcerative colitis recorded by other workers may be due to their failure to compare findings with a control group of young women colitic patients who were not pregnant. The increased frequency of attacks of colitis in the early puerperium may be associated with the falling level of plasma-cortisol observable at that time. One-fifth of the patients who survived proctocolectomy and ileostomy in the childbearing period of life have already given birth to healthy babies since their operation.

THE DETERGENT DILEMMA

J. E. Flanagan, Jr., (535 N. Dearborn St., Chicago)

Arch. Environ. Health. 11:695, (Nov.), 1965.

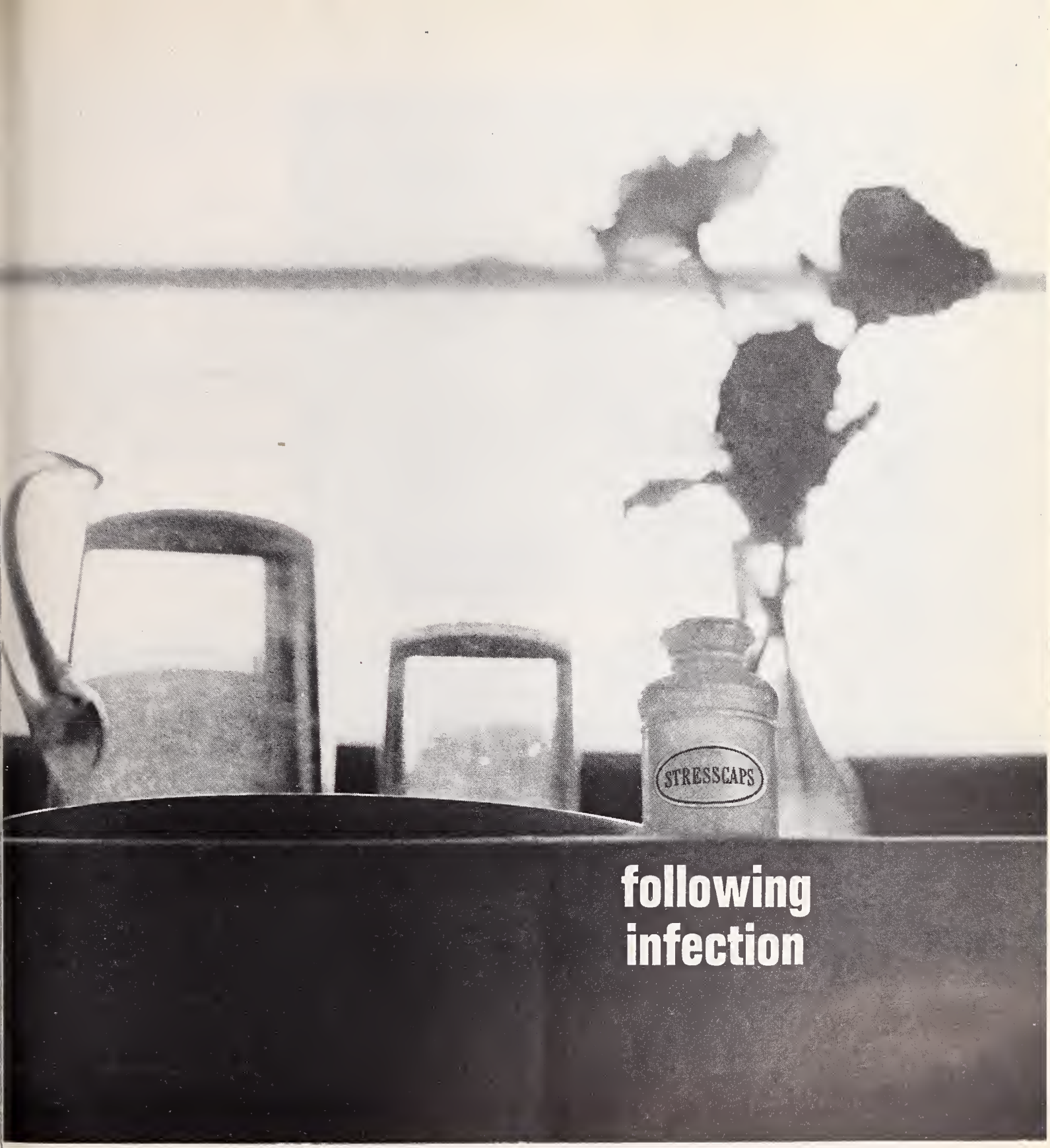
The phenomenon of foaming exhibited by "hard" detergents is aesthetically objectionable and has resulted in some legislation banning their sale after December, 1965. Industry now has developed "soft" detergents which will replace most, if not all, the "hard" detergents before June 30, 1965. This will solve some, but not all, of the problems associated with detergents. Detergents themselves in concentrations found in water supplies are not harmful. The health problem associated with detergents is caused by the sewage which accompanies them in waste waters and which reaches water supplies under certain conditions. The high percentage of phosphates in detergents causes a continuous build-up of nutrients, resulting in algal growth which is undesirable in many waters. Detergents, however, are only one source of phosphates. Some experts contend that detergents contribute additional costs to water treatment.

ADSORPTION OF INSULIN TO INFUSION EQUIPMENT

K. Brunfeldt, et al. (Niels Steensens Hosp., Gentofte, Denmark)

Nord. Med. 74:843-844, (Aug. 26), 1965.

The authors estimated the degree of adsorption of insulin in isotonic glucose solution to the glass or plastic containers of infusion equipment. Experiments were carried out with insulin at a concentration of approximately 0.8μg/ml or 0.02μunits/ml, with the addition of ^{131}I-insulin, or without it by using the method of Hales and Randle (1963). Approximately 20% of the insulin was adsorbed to the infusion equipment. In order to compensate for this loss, an excess of 25% of insulin should be added to the infusion fluid. ◄



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VA to Provide Disability Care For Recently Discharged Veterans

Veterans recently discharged from the Armed Forces, who require immediate care for disabilities apparently incurred in service, may now be entitled to both outpatient treatment and hospitalization from the Veterans Administration.

VA has liberalized its rules to allow medical and dental treatment at any of its clinics as well as care in any of its hospitals, as needed, during the period required for a veteran to establish that his disability was service incurred.

In an emergency, a recently discharged veteran awaiting adjudication of his claim to connect his injuries to his service, may obtain care at non-VA facilities at VA expense, when VA facilities are not available. However, the veteran should remember that prior approval of the VA is necessary in such cases.

Only veterans discharged or released with an honorable or general discharge after six or more months of active duty are eligible for hospitalization or outpatient treatment while awaiting VA recognition of their claimed disabilities.

In addition, application for VA medical care must be made within six months of the veteran's discharge or release from service.

The outpatient medical, dental and hospitalization privileges cease immediately when the VA adjudication board denies a veteran's claim that his disability was related to his military service, the VA said.

"One Medicine" TV Series

The series of half-hour television programs titled "One Medicine" appearing at noon each Sunday through February 20 on Station WTTV (Channel 4), Indianapolis is produced by the University of Pennsylvania as a part of its 200th Anniversary Celebration of the founding of its school of medicine.

1965 Mead Johnson Awards for Anesthesiology Training Announced

The 1965 Mead Johnson awards for graduate training in anesthesiology have been announced. Robert A. Baratz, Ronald A. Gabel and Harry W. Wilcke III are the recipients.

Mead Johnson awards are made to physicians already engaged in residency training and are made on the basis of meritorious work in clinical and research fields and general qualifications for success.

Indiana Physicians Speak

Drs. Lester D. Bibler and Frank Land participated in a symposium and panel on "The Role of the Community Hospital in the Training of the Family Physician" at the Good Samaritan Hospital in Dayton, Ohio last month.

Flying Physicians Association Elects New Officers for 1966

The Indiana chapter of the Flying Physicians Association has announced the election of new officers to serve during the coming year.

Louis Byrne, M.D., of Bloomington, has been elected president; Robert F. Reed, M.D., of Mishawaka, was chosen president-elect of the chapter; Robert M. Butterfield, M.D., of Muncie, was elected vice-president and Dan L. Urschel, M.D., of Mentone, was re-elected secretary-treasurer. In 1964, Dr. Urschel served as president of the national organization.

At the same time the following men were selected to head the chapter's various committees. Joseph F. Milan, M.D., also of Bloomington, Safety Committee chairman; Paul W. Sparks, M.D., of Winchester, Emergency Mobilization Committee chairman; Edward D. Miller, M.D., of Fort Wayne, Program Committee chairman and Dr. Urschel was named chairman of the Membership Committee.

New Standards for Nursing Home Accreditation are Approved

The Joint Commission on Accreditation of Hospitals has approved a set of standards for accreditation of nursing homes and extended care facilities.

The new program will have the effect of bringing together the approval program of the American Hospital Association and the accreditation program of the National Council for the Accreditation of Nursing Homes.

The standards will be published shortly and will be available for national distribution. The program will be activated shortly after Jan. 1.



COL. Harry G. Becker, Indianapolis surgeon and commanding officer of the 337th General Hospital since the reserve unit was organized in 1952, received the Army Commendation Ribbon recently in recognition of his meritorious service. Presenting the award was Major General John R. Pugh, commanding general of the VI U. S. Army Corps. Dr. Becker's retirement marked the completion of a 31-year career as a reserve Army officer.



APPROXIMATELY 120 Indiana State Medical Association members, representing the 13 commissions of the association, attended commission meetings Sunday, November 14 in the Headquarters Office. Dr. K. O. Neumann in his remarks to the general session urged the commissions "to develop active, productive programs." Listening to Dr. Neumann's "kickoff" remarks are (left to right) Dr. Thomas Middleton, Bloomington, and Doctors Forrest J. Babb, Ramon B. DuBois and Harry E. Klepinger, all of Lafayette.

Since 1953 the Joint Commission has conducted an accreditation program for hospitals. Membership includes the American College of Physicians, American College of Surgeons, American Hospital Association, and the American Medical Association.

In addition to the new accrediting program, the joint commission provided for nursing home representation on its board of commissioners by expanding the board from its present 20 members to 22.

One member will be appointed from the American Nursing Home Association and one from the American Association of Homes for the Aging. The two associations will not become member organizations of the joint commission. Appointments to the two new vacancies will be announced by Jan. 1.

Dr. McNinch to Retire

Dr. Joseph H. McNinch, a native of Indianapolis, will retire as Chief Medical Director of the Veterans Administration early next year. During his regime, veterans have benefited by record expenditures for medical care and medical research, and by unprecedented, $1-billion-plus appropriations for the total VA medical program. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 26-30, 1966
Place Chicago, Ill.

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 10-13, 1966.
Place French Lick, Indiana

INDIANA ACADEMY OF GENERAL PRACTICE
Date May 3-5, 1966
Place Fort Wayne

INDIANA NEUROPSYCHIATRIC ASSOCIATION
Date Second Wednesday of every month, October through May
Place The Athenaeum, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-5, 1966
Place French Lick Sheraton Hotel, French Lick

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

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FUTURE MEETINGS, SEMINARS, COURSES

Good Samaritan Hospital Sponsors Fourth Annual Seminar April 21st

The Good Samaritan Hospital, Cincinnati, Ohio, is sponsoring its Fourth Annual Seminar on Premature Care April 21 from 1:00 to 6:00 p.m. Guest speakers will include Dr. Mary Engle, Associate Professor of Pediatrics, Cornell University Medical College; Dr. Alvin Zipursky, Assistant Professor of Pediatrics (Hematology), University of Manitoba Faculty of Medicine; and Dr. William B. Richardson, Department of Surgery, Good Samaritan Hospital.

There are no registration fees but physicians planning to attend are requested to contact Ernst G. Rolfes, M.D., Chairman, Seminar on Premature Care, Good Samaritan Hospital, Cincinnati, Ohio.

Cleveland Clinic Announces February Postgraduate Courses

The Cleveland Clinic Educational Foundation will present two postgraduate courses next month. "General Practice" will be offered February 2-3 and "Current Concepts in Angiographic Diagnosis" will be presented February 16-17.

Registration fee is $30.00 for each course. Further information may be obtained by writing the Director of Education, Cleveland Clinic Educational Foundation, 2020 E. 93rd Street, Cleveland 44106.

New Orleans Medical Assembly Plans Around-the-World Clinical Tour

The New Orleans Graduate Medical Assembly will conduct its 29th annual meeting March 7 to 10 at the Roosevelt Hotel in New Orleans. Registration fee is $25.00.

An around-the-world clinical tour by air to Hawaii, Japan, Hong Kong, Bangkok, India and Cairo is planned, leaving New Orleans after the assembly meeting. For details write Dr. Mannie D. Paine, Jr., 1430 Tulane Ave., New Orleans 70112.

ISMA Members Invited to Arizona Heart Association Symposium

A cardiac symposium will be conducted by the Arizona Heart Association at the Del Webb Townhouse in Phoenix, on January 28 and 29. ISMA members are invited.

Registration fee is $10.00 for one day and $15.00 for two days. A program of ladies activities is also provided. For advance registration write the association at 2824 N. 16th St., Phoenix, Arizona 85006.

Mayo Clinic "Clinical Reviews" Set for March 28-30, April 4-6

The Mayo Clinic will conduct its popular "Clinical Reviews" this spring on March 28, 29 and 30 and again on April 4, 5, and 6. Popularity of the course has prompted two identical sessions.

Registration fee is $10. The program is acceptable for credit with the American Academy of General Practice. Write to M. G. Bratass, Mayo Clinic, Rochester to register. The number attending is limited.

Spring Congress in Ophthalmology, Otolaryngology Set for April 4-8

The Gill Memorial Eye, Ear and Throat Hospital, Roanoke, Va., announces its 39th annual spring congress in ophthalmology and otolaryngology April 4 through 8.

For further information, write Superintendent, P.O. Box 1789, Roanoke, Va.

American Cancer Society Sets 1966 Scientific Session for May

The 1966 scientific session of the American Cancer Society will be held at the St. Francis Hotel, San Francisco, on May 11, 1966. The program will cover the diagnosis and treatment of the common cancers in this country with emphasis on recent advances.

All physicians are invited and urged to attend. There will be no registration fee. A copy of the program and other information may be obtained by writing the Director of Professional Education, American Cancer Society, 219 E. 42nd St., New York City 10017.

1966 Annual Sight-Saving Conference Is Announced

The 1966 annual Sight-Saving Conference of the National Society for the Prevention of Blindness, Inc. will be held at the Hotel Roosevelt in New York from March 30 through April 1.

The program and speakers for the three-day national gathering will be announced later this year by the national society. ◄

County, District News

10th District

Dr. Leslie E. Bombar, Munster, has been elected president of the Tenth District Medical Society. Assisting him will be Dr. Louis T. Kudele, Whiting, secretary-treasurer. Dr. Glenn W. Irwin, Jr., was the speaker at the Nov. 10 meeting. His topic was "Medical Education Needs in Indiana."

Allen

The Allen County Medical Society met Dec. 7 to hear Dr. Edwin R. Levine speak on "Emphysema" and "Inhalation Therapy" and Dr. Allan M. Lansing speak on "Renal Transplantation" and "Septic Shock."

Boone

Dr. Jack Shields, Brownstown, spoke on "Medicare" at the Dec. 7 meeting of the Boone County Medical Society. There were 26 members present.

Carroll

Speaker at the Nov. 17 meeting of the Carroll County Medical Society was Dr. Fred M. Kuipers, Lafayette. His topic was "Cardiac and Other Vascular Catheterization."

Cass

The Cass County Medical Society met Dec. 6 to hear Dr. David Gastineau, Ft. Wayne radiotherapist, speak on "Cancercidal Drugs."

Elkhart

The Elkhart County Medical Society met Dec. 9 to have its annual Christmas party and election of officers. New officers are: Drs. Robert Bender, president; Thomas Arlook, vice-president and Page Spray, secretary-treasurer.

Fayette-Franklin

The Fayette-Franklin County Medical Society met Nov. 9 to hear Dr. Passino, Fayette Memorial Hospital radiologist, speak on "Scanning."

Fountain-Warren

Dr. Lowell Stephens, Covington, has been elected president of the Fountain-Warren County Medical Society. Other new officers are: Drs. Theodore C. Persons, vice-president; Jack D. Furr, secretary-treasurer; Max Hoffman and Carl Nelson, delegates and Lowell Stephens, alternate.

Grant

The Grant County Medical Society's new officers are: Drs. Douglas A. Bailey, president; Richard E. Lahr, president-elect; Robert G. Young, secretary-treasurer; Robert M. Brown, delegate and Lester L. Renbarger, alternate.

Greene

Field Secretary Robert Amick met with members of the Greene County Medical Society at their Dec. 9 meeting.

Jefferson-Switzerland

Dr. Merritt O. Alcorn discussed "Review Committees" with the members of the Jefferson-Switzerland County Medical Society present at the Dec. 7 meeting.

Kosciusko

Elected president of the Kosciusko County Medical Society at the Nov. 16 meeting was Dr. Thomas Keough. Other officers include: Drs. Roland Snider, secretary-treasurer; William J. Cron, delegate and Thomas Keough, alternate.

Lake

Dr. Vincent J. Santare, Munster, is the new president of the Lake County Medical Society. Other officers are: Drs. David B. Templin, Lowell, vice-president; L. Dale Olson, Gary, secretary-treasurer; P. J. Rosenbloom, Gary, and T. C. Tyrrell, Calumet City, delegates and J. J. Sala, Gary, alternate.

LaPorte

The LaPorte County Medical Society met Dec. 11 at the Long Beach Country Club, Michigan City, for their annual Christmas party.

Marion

Dr. James H. Gosman is the new president of the Marion County Medical Society. The new vice-president is Dr. Donald R. Hampshire and the new secretary-treasurer, Dr. Charles W. Cure.

Miami

New officers of the Miami County Medical Society are: Drs. Cloyn R. Herd, president; Parker W. Snyder, vice-president; Maurice D. Sixbey, secretary-treasurer; Lloyd Hill, delegate and James U. Guthrie, alternate.

Rush

Newly elected president of the Rush County Medical Society is Dr. Marvin C. Schneider, Rushville. Dr. George B. McNabb is vice-president; Dr. Charles E. Sheets, secretary-treasurer; Dr. Frank Green, delegate and Dr. Stephen Smith, alternate.

Scott

Dr. Carl R. Bogardus, Austin, is the new president and Dr. Ignacio B. Castro, secretary-treasurer of the Scott County Medical Society.

Shelby

Dr. Roger F. Whitcomb, Shelbyville, is the new president of the Shelby County Medical Society. Other new officers are: Drs. David B. Silbert, vice-president; Paul M. Inlow, secretary-treasurer; Wilson L. Dalton, delegate and John A. Davis, alternate.

Tipton

A representative from the Social Security office in Kokomo showed a Medicare film at the Dec. 8 meeting of the Tipton County Medical Society. Ten members attended.

Vanderburgh

"The Trail of Death" was the subject of a non-medical program given at the Dec. 14 meeting of the Vanderburgh County Medical Society. Dr. William D. Snively presented the program which dealt with the Ford Ferry Gang's activities.

White

Dr. A. J. Miller discussed "Autopsy" with the 11 members present at the Nov. 17 meeting of the White County Medical Society. ◄



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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November, 1965

Disease	Nov. 1965	Oct. 1965	Sept. 1965	Nov. 1964	Nov. 1963
Animal Bites	509	711	1144	603	649
Chickenpox	296	85	46	404	385
Conjunctivitis	95	89	105	77	75
Diphtheria	0	0	0	0	4
Dysentery, Unspecified	67	46	116	28	56
Gonorrhea	304	347	345	299	279
Impetigo	157	224	262	95	169
Infectious Hepatitis	44	35	42	28	69
Infectious Mononucleosis	89	43	63	52	38
Influenza	1088	739	543	665	566
Measles (Rubeola-Rubella)	236	212	86	130	299
Meningitis, Meningococcal	1	4	2	5	2
Meningitis, Other	3	7	2	9	6
Mumps	108	60	58	287	235
Pertussis	9	4	17	22	27
Pneumonia	482	329	260	238	131
Poliomyelitis	0	0	0	1	0
Streptococcal Infection	495	462	549	426	386
Syphilis					
Primary & Secondary	2	6	5	9	5
All Other Syphilis	69	65	97	101	120
Tinea Capitis	12	5	21	11	14
Tuberculosis (Active)	90	96	82	87	98

Deaths

Charles C. Crampton, M.D.

Dr. Charles C. Crampton, general practitioner in Delphi since 1894, died Dec. 1 in a Lafayette nursing home. He was 93.

Graduated from the University of Louisville in 1893, Dr. Crampton was the ISMA "Doctor of the Year" in 1949. He was one of the oldest alumni of Purdue University, where he was graduated in 1891. Dr. Crampton delivered more than 3,000 babies in his long career in medicine and had practiced medicine continuously until he became ill in October. He was a Senior Member, member of the ISMA 50-Year Club and the Carroll County Medical Society.

Walter A. Foreman, M.D.

Dr. Walter A. Foreman, 70, a physician in Brookville since 1935 and Franklin County coroner from 1950 to 1962, died Oct. 30 at Fairfield, Ohio.

A physician since 1925, Dr. Foreman was graduated from the I.U. School of Medicine. He was a veteran of World War I and a member of the Fayette-Franklin County Medical Society.

John J. Hardy, M.D.

Dr. John J. Hardy, former director of the Holy Family Hospital at LaPorte, died Dec. 5 at his home in North Liberty at the age of 79.

A 1909 graduate of the Chicago College of Medicine and Surgery, Dr. Hardy practiced in LaPaz for four years and then went to North Liberty in 1918. He was a Senior Member, member of the 50-Year Club and the St. Joseph County Medical Society.

Walter F. Hickman, M.D.

Dr. Walter F. Hickman, 77-year-old retired physician, died Nov. 1 in Indianapolis.

Dr. Hickman retired three months ago after more than 50 years as a general practitioner. Graduated from the I. U. School of Medicine in 1912, Dr. Hickman began his practice in 1913. He served in World War I as a captain in the United States Army in France and was plant physician for the Indianapolis Chevrolet Division of General Motors Corporation and for the Stewart-Warner Corporation. A member of the Marion County Medical Society, Dr. Hickman was also a Senior Member and member of the ISMA 50-Year Club.

Gilbert T. Hyatt, M.D.

Dr. Gilbert T. Hyatt, Evansville orthopedic surgeon, died Dec. 2 at the age of 62.

Dr. Hyatt, member of the Vanderburgh County Medical Society, was graduated from Harvard University in 1929. He served on the staff of 11 different hospitals during his career and in the Army from 1940 to 1946. He was discharged with the rank of colonel.

C. M. Malstaff, M.D.

Dr. C. M. Malstaff, 65-year-old Mishawaka general practitioner, died Nov. 11 in the Veterans Administration Hospital, Fort Wayne.

Born in Belgium in 1900, Dr. Malstaff came to this country in 1907. He was graduated from the I. U. School of Medicine in 1931 and practiced medicine in South Bend from 1932 until 1942, when he entered the Army. He was discharged with the rank of major in 1946, did postgraduate work and then came to Mishawaka in 1961. He was a member of the St. Joseph County Medical Society.

Clarence H. Mead, M.D.

Dr. Clarence H. Mead, 83, a Bluffton physician for almost 60 years, died Nov. 30 in Hawaii where he had resided since July.

Graduated from the University of Michigan, Dr. Mead began practicing medicine in Bluffton in 1908. Except for the disruption of serving in World War I, Dr. Mead remained in active practice in Bluffton over the 57 years. He was elected to the City Council, served more than 25 years as physician for the Wells County Home and also as the city's health officer. He was a Senior Member, a member of the Wells County Medical Society and the ISMA 50-Year Club.

Justin R. Nash, M.D.

Dr. Justin R. Nash, Albion physician since 1931, died Nov. 24 at Parkview Memorial Hospital, Fort Wayne. He was 64.

Dr. Nash was president of the Noble County Medical Society, Noble County health commissioner and had maintained offices in Albion 34 years. He was graduated from the University of Illinois in 1930 and was active in many clubs, fraternal and medical organizations.

Richard M. Potter, M.D.

Dr. Richard M. Potter, Randolph County general practitioner, died Nov. 19 at the age of 57.

Graduated from South Carolina Medical College in 1949, Dr. Potter practiced in Ridgeville for many years. He was a member of the Randolph County Medical Society and served on the staff of the Randolph County Hospital at Winchester and at Jay County Hospital in Portland.

Charles E. Whipps, M.D.

Dr. Charles E. Whipps, 84, Carlisle general practitioner since 1909, died Nov. 4 at Robert Long Hospital in Indianapolis.

Member of the ISMA 50-Year Club and a Senior Member of ISMA, Dr. Whipps was graduated from Northwestern University School of Medicine in 1909. He was on the staff of Mary Sherman Hospital until his retirement, county health officer for a number of years and president of the Sullivan County Medical Society in 1921. ◄

Association News

EXECUTIVE COMMITTEE

November 13, 1965

Present: Ralph V. Everly, M.D., chairman; G. O. Larson, M.D.; Kenneth O. Neumann, M.D.; Eugene S. Rifner, M.D.; E. T. Edwards, M.D.; Lester H. Hoyt, M.D.

Frank B. Ramsey, M.D., editor of *The Journal;* Robert Hollowell, attorney, and James A. Waggener, executive secretary.

Membership Report

Membership report as of October 31, 1965:	
Number of members as of December 31, 1964	4,365
1965 members as of October 31, 1965	4,377*
Number of members as of October 31, 1964	4,354
Gain over last year	23
Number of AMA members as of October 31, 1965	4,271
Total 1964 AMA members as of October 31, 1964	4,248
Gain over last year	23
1965 AMA members: Dues paying	3,732
Exempt, but active	539
	4,271
Number who have paid state dues but not AMA dues as of October 31, 1965	106

* Includes 302 senior and 3 honorary members

Headquarters Office

The purchase of additional recording equipment was approved on motion of Drs. Edwards and Neumann.

Building Matters

The matter of the option on the property on the east of the association headquarters, in which the association has the option to buy the north 72 feet in the amount of $50,000.00, and the possibility of buying the property to the south for $35,000.00, was discussed, and upon motion of Drs. Neumann and Larson, the committee is to recommend to the Council that both pieces of property be purchased by the association.

Treasurer's report was approved on motion of Drs. Larson and Rifner.

Annual Convention, October 12-14, 1965, Indianapolis

The results of the sale of exhibit space at the annual convention were noted, and the secretary reported on the changes being contemplated in the French Lick Hotel by the time of the 1966 meeting.

Legislation

National: Action of the Congress in adopting HR-2 was reviewed for the information of the committee.

The proposal for legislation and report of the Subcommittee on Antitrust and Monopoly concerning physician-ownership in pharmacies and repackaging houses were distributed to the members of the committee, and additional copies were ordered distributed to the Commission on Legislation and the Commission on Inter-Professional Relations.

Organization Matters

The proposal of American International, in which they sought the approval of the association to sponsor a Hawaiian tour was reviewed, and on motion of Drs. Neumann and Larson, the secretary was instructed to further investigate this proposal.

Letters of appreciation on convention activities from Mr. and Mrs. Herman Krannert, the Indiana Society of Medical Service Representatives, the women physicians, Dr. Lawrence C. Meredith, Jr., Elyria, president-elect of the Ohio State Medical Association, Dr. E. S. Jones, Dr. R. Lomax Wells, and Henry Viscardi, Jr., were read for the information of the committee.

A letter from Dr. Louis E. How of the St. Joseph County Health Department, addressed to Blue Shield concerning payment for x-rays, and a letter from Blue Shield were read, and upon motion of Dr. Edwards, taken by consent, this correspondence was to be referred to the Commission on Medical Economics and Insurance and also to the Commission on Public Health to determine if the latter commission believes that taking chest x-rays following positive scratch tests constitutes a screening test.

The master contract of the Continental Casualty Company and the Indiana State Medical Association, together with proposed promotional material was reviewed, and upon motion of Drs. Larson and Edwards, the president was authorized to sign on behalf of the association if the agreement was approved by the Commission on Medical Economics and Insurance and by the association attorney.

Correspondence with the American College of Radiology and the American Urological Association was reviewed for the information of the committee.

A questionnaire from the American Medical Association concerning a survey of state associations regarding physician long-term facility relations, with emphasis on utilization review committees, was discussed. Upon motion of Dr. Edwards, taken by consent, the association replied to the questionnaire that it favored "A medical society based medical staff committee for an aggregation of nursing homes."

Correspondence from Dr. Thomas O. Middleton, Bloomington, was reviewed for the information of the committee.

Memorandum from the American Medical Association regarding civil rights and welfare medical care was read for the information of the committee.

A letter from the Indiana Roentgen Society, Inc., concerning the Wabash County matter was read for the information of the committee.

Dr. Neumann reported on his visit at the annual

convention of the Indiana Hospital Association, November 3 and 4, 1965.

A letter of thanks from Methodist Hospital for the letter of endorsement for its establishment of a renal dialysis unit was read for the information of the committee.

New Business

The creation of the Future Planning Committee was discussed and the president requested members of the Executive Committee to give him some assistance in selecting this new committee. The secretary was instructed to send a copy of the amendment to the Bylaws, setting forth the qualifications for membership on this committee, to all members of the Executive Committee, asking their assistance in selecting individuals to make up this committee.

A review was given of the conference held with the State Welfare Department officials, and the secretary reported on the meeting with the AMA Board of Trustees concerning usual and customary fees and other matters pertaining to the implementation of PL 89-97.

A letter from the American Medical Association reporting on its contact with Washington following a meeting with the Board of Trustees was read, and upon motion of Drs. Neumann and Rifner, the secretary was instructed to file a letter with the Bureau of Disability and Health Insurance of the Social Security Administration, setting forth the desire of the association to be the carrier for Part B of PL 89-97.

Reports were made of the actions taken by the Medical Society of Georgia, the Wisconsin State Medical Society and the Rhode Island Medical Society concerning PL 89-97, also from the Floyd County Medical Society, setting forth some of its problems in renegotiating its welfare charges. The committee also reviewed excerpts from a publication concerning the American Hospital Association activities regarding specialists who have been separated from hospital services by PL 89-97.

The Journal

An editorial to be considered for republication in *The Journal* was referred to the committee and on motion of Drs. Edwards and Rifner, it was voted that this editorial should not be published in the *ISMA Journal.*

A report that the printer was installing a new type mailer which would necessitate the changing of the equipment in the headquarters office for mailing of *The Journal* was reported and the secretary is to further check this matter.

Future Meetings

AMA clinical session, Philadelphia, November 27-December 1, 1965. Plans were finalized for the activities during this meeting.

National Conference on Community Health Programs, December 13-15, 1965, Chicago. By consent it was agreed that Dr. Dwight Schuster should represent the association at this meeting. The secretary was instructed to advise the Neuropsychiatric Association of this meeting with the thought in mind that that organization might send a representative.

Congress on Medical Ethics of the AMA, Chicago, March 5-6, 1966. This meeting was postponed from October 2-3, 1965. By consent, Dr. Neumann, Dr. Rifner, and the chairman of the Grievance Committee were authorized to attend this meeting.

There being no further business the committee adjourned, to meet again at 9:00 a.m., Sunday, November 28, 1965, in the Sheraton Room at the Philadelphia-Sheraton Hotel, Philadelphia, at which time the AMA delegates and alternates will be requested to meet with the committee.

The above minutes were approved in each separate part and as a whole on November 28, 1965.

COMMERCIAL ANNOUNCEMENTS

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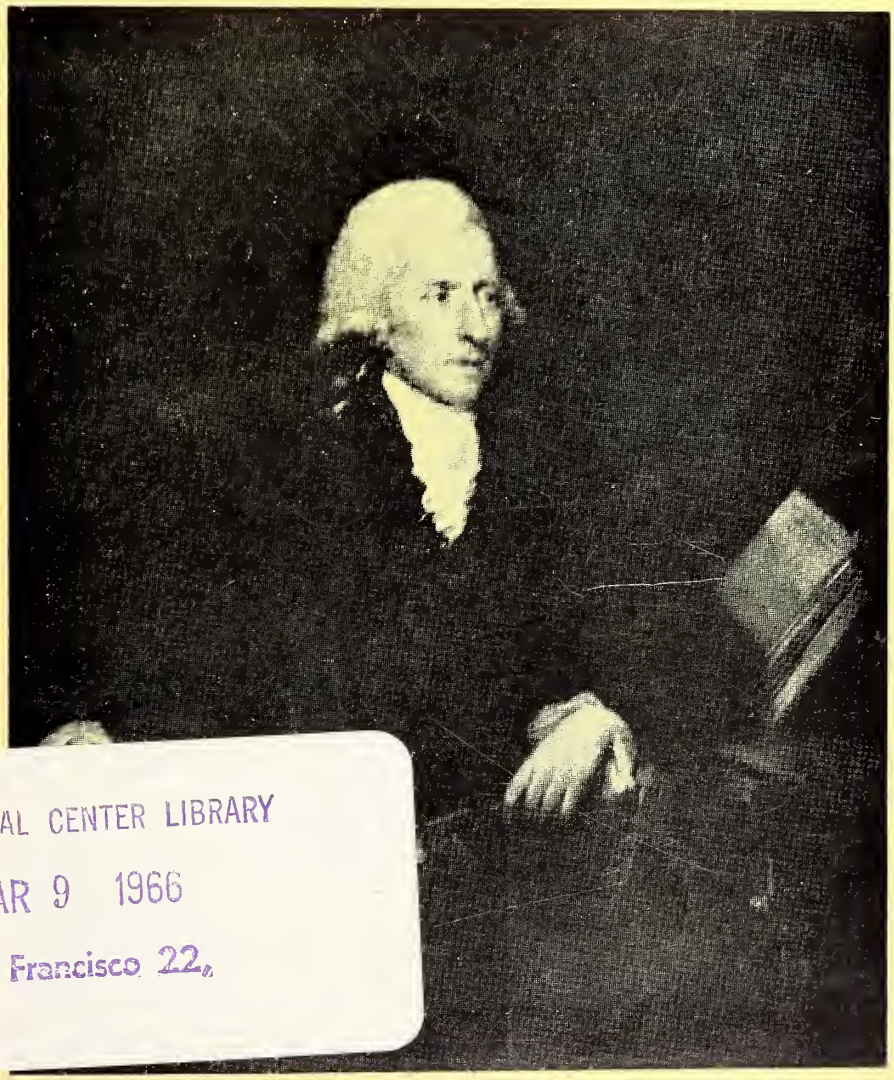
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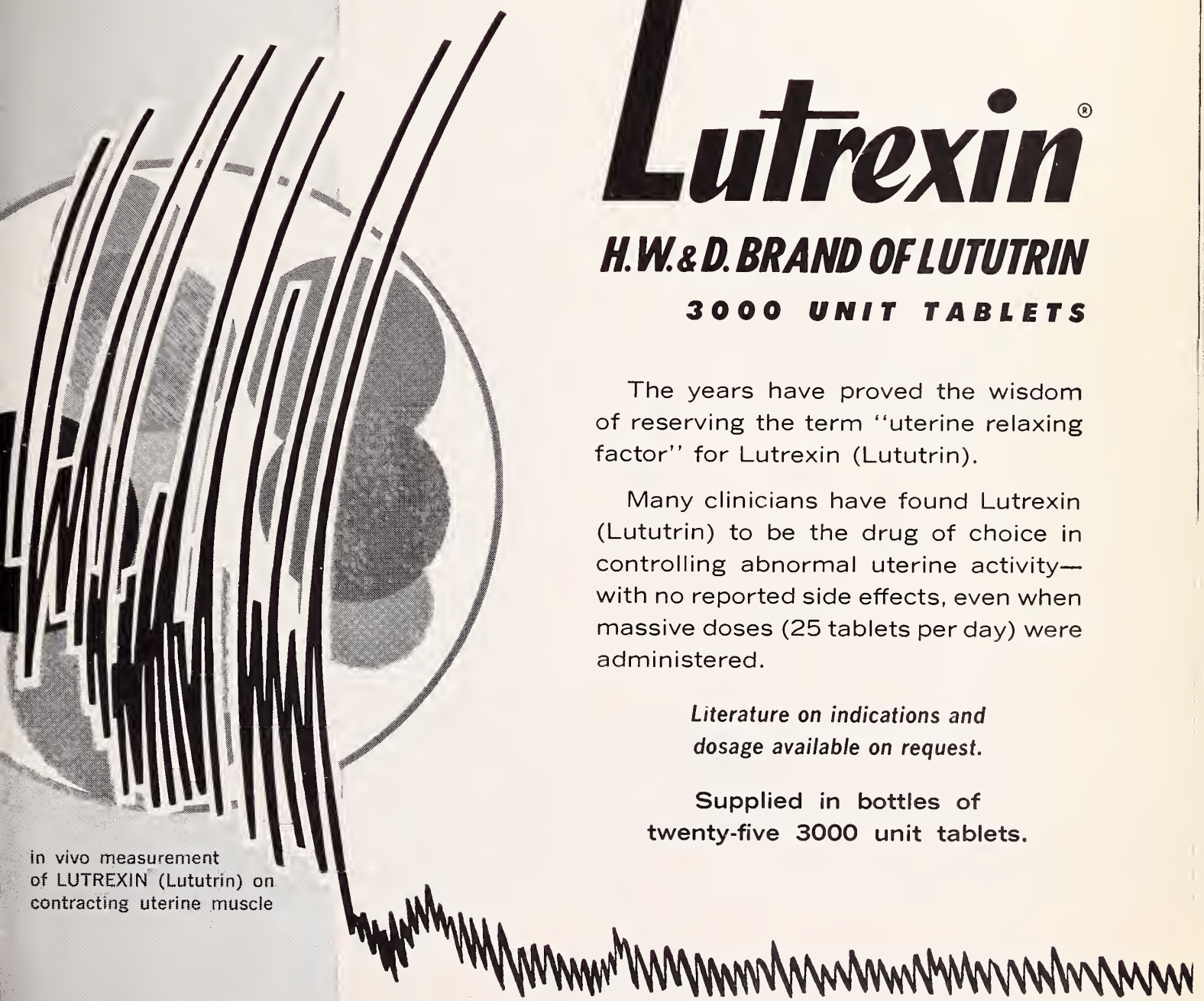
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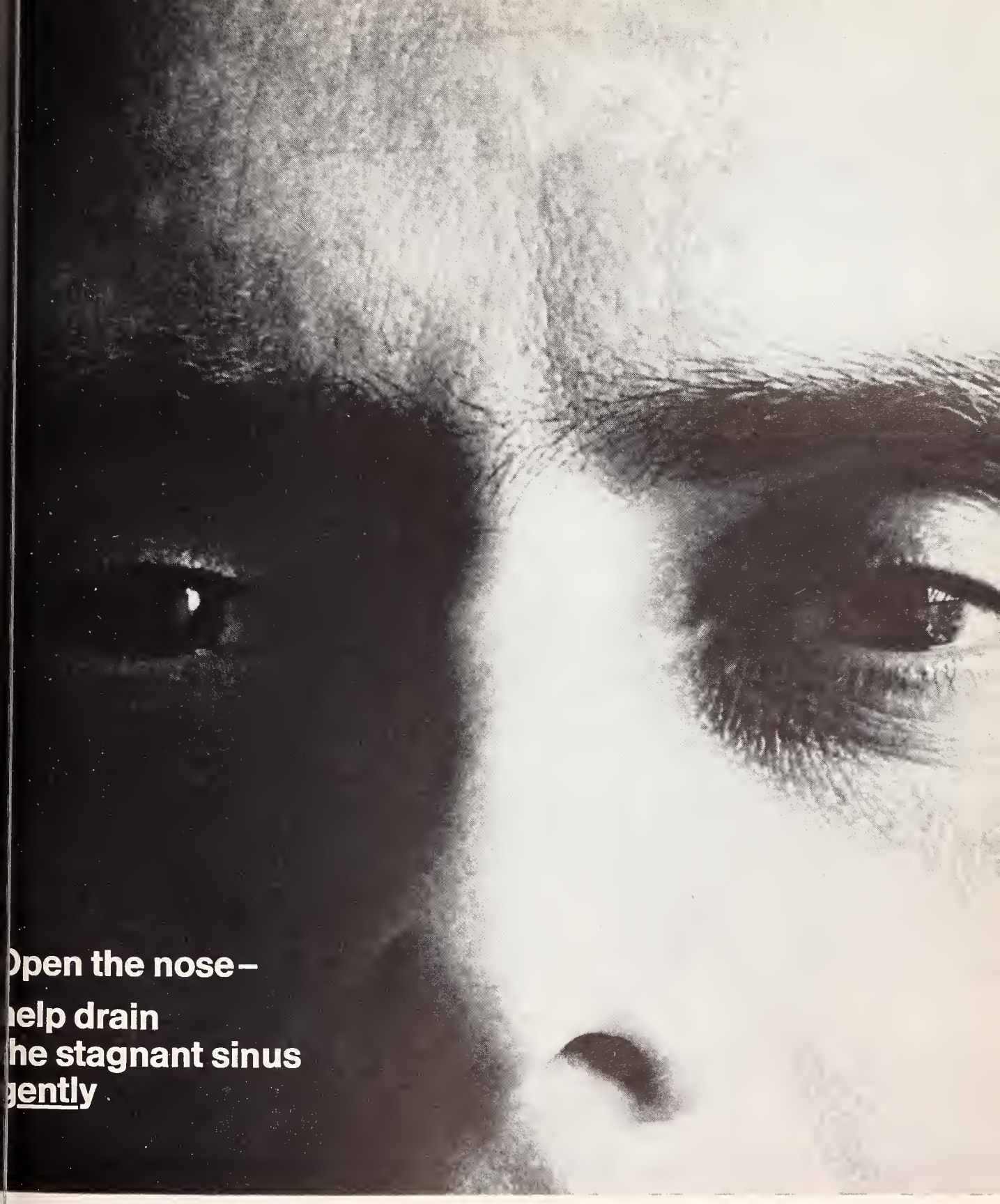
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1.	Eugene Austin, Evansville	R. E. Weitzel, Princeton	Evansville, May 19, 1966
2.	C. Philip Fox, Washington	J. S. Brown, Carlisle	Washington, 1966
3.	Marion Hagan, French Lick	Arthur L. Wagner, Jasper	French Lick, 1966
4.	Merritt O. Alcorn, Madison	Francis W. Hare, Jr., Madison	Madison, May 4, 1966
5.	Robert M. Fell, Rosedale	J. W. Somerville, Clinton	
6.	William E. Murray, New Castle	Paul M. Inlow, Shelbyville	Shelbyville, April 27, 1966
7.	William C. Stafford, Plainfield	James H. Gosman, Indianapolis	May 4, 1966
8.	Lowell Painter, Winchester	Paul W. Sparks, Winchester	Muncie, June 1, 1966
9.	Harry T. Stout, Frankfort	Earl K. Williams, Frankfort	Fowler, May 19, 1966
10.	Leslie Bombar, Munster	Louis Kudele, Whiting	Gary, May 18, 1966
11.	Donald W. Ferrara, Peru	Max M. Earl, Kokomo	Kokomo, Sept. 21, 1966
12.	Warren L. Niccum, Columbia City	Kenneth F. Isenogle, Fort Wayne	Bluffton, May 18, 1966
13.	James W. Hurley, Elkhart	Cecil R. Burket, Bremen	Elkhart, Sept., 1966

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TAO Rx information

Indications: The bacterial spectrum includes: streptococci, staphylocci, pneumococci and gonococci. Recommended for acute, severe infections where adequate sensitivity testing has demonstrated susceptibility to this antibiotic and resistance to less toxic agents. **Contraindications and Precautions:** TAO (triacetyloleandomycin) is not recommended for prophylaxis or in the treatment of infectious processes which may require more than ten days continuous therapy. In view of the possible hepatotoxicity of this drug when therapy beyond ten days proves necessary, other less toxic agents, of course, should be used. If clinical judgement dictates continuation of therapy for longer periods, serial monitoring of liver profile is recommended, and the drug should be discontinued at the first evidence of any form of liver abnormality. It is contraindicated in pre-existing liver disease or dysfunction, and in individuals who have shown hypersensitivity to the drug. Although reactions of an allergic nature are infrequent and seldom severe, those of the anaphylactoid type have occurred on rare occasions. **References:** 1. Isenberg, Henry D.: Health Laboratory Science **2**:163-173 (July) 1965. 2. Fowler, J. Ralph et al: Clinical Medicine **70**:547 (Mar.) 1963. 3. Isenberg, Henry D.: Health Laboratory Science 1:185-256 (July-Aug.) 1964.

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An eminent role in medical practice

- Clinicians throughout the world consider meprobamate a therapeutic standard in the management of anxiety and tension.
- The high safety-efficacy ratio of 'Miltown' has been demonstrated by more than a decade of clinical use.

Miltown® (meprobamate)

Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

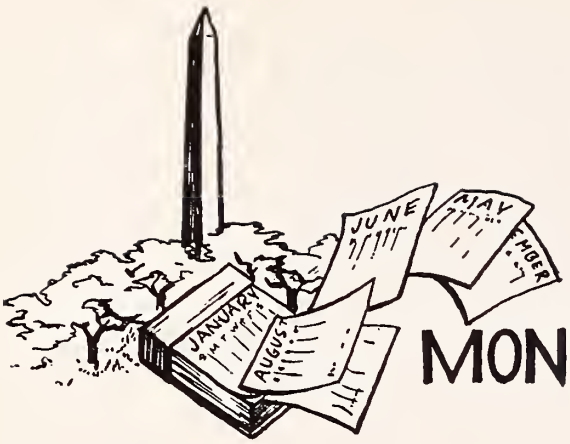
Usual adult dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily are not recommended.

Supplied: In two strengths: 400 mg. scored tablets and 200 mg. coated tablets.

Before prescribing, consult package circular.

WALLACE LABORATORIES
Cranbury, N.J.

CM-5761



This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

MONTH IN WASHINGTON

WASHINGTON, D. C.—The staff of the Senate antitrust subcommittee has been investigating the rise in quinine prices.

The investigation resulted from receipt by members of Congress of complaints from constituents. Many of the complaints reported a sharp rise in the price of quinidine, a quinine derivative prescribed for irregular heart beats.

The Pharmaceutical Manufacturers Association attributed the price rise to a combination of decreased supplies and rising demands.

A spokesman for the association said that it had become increasingly difficult to obtain quinine's raw material, the bark of the Cinchona tree. He said that Indonesia, once the principal supplier, had virtually cut off its exports of the cinchona bark to the Western world.

Other suppliers, he said, include the Congo and some South American countries. He said these sources were seriously limited, but that the shortage was not expected to reach critical proportions.

The PMA spokesman attributed the rising demand to the appearance of new strains of malaria that are resistant to synthetic drugs developed during World War II as quinine substitutes. This has caused demands for natural quinine to rise sharply in such malaria-infested areas as Viet Nam.

FDA IMPLEMENTS NEW DEPRESSANT DRUG LAW

The Food and Drug Administration has taken the first steps in implementation of the new law designed to halt illegal traffic in depressant and stimulant drugs.

Acting FDA Commissioner Wilton B. Rankin announced proposed regulations and appointed an advisory committee of experts as authorized by the Drug Abuse Control Amendments law enacted last year.

The Advisory Committee on Abuse of Depressant and Stimulant Drugs, which held its first meeting in late December, assisted the FDA in determining the drugs covered under the new, tighter controls effective February 1, 1966. The new law specified amphetamines and barbiturates but also authorized designation of other depressant and stimulant drugs by regulatory orders of the FDA.

At its first meeting, the advisory committee considered several classes of such drugs, including certain tranquilizers, LSD-25 and other hallucinogenic agents.

The FDA regulations listed details of the records which the new law requires to be kept by every person manufacturing, compounding, processing, selling or otherwise distributing the designated drugs. The first required

Continued



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is different, *truly* a one shot measles vaccine

Lirugen, unlike any other measles vaccine, is derived from the further-attenuated Schwarz Strain of measles virus. This further attenuation reduces the reaction rate so effectively that the need for the simultaneous use of gamma globulin or prior injections of inactivated vaccines is eliminated. It is truly one shot.

Lirugen is comparable to other live vaccines in effectiveness and duration of protection given:

Clinical trials have established an efficacy of 97% to 100% in measles susceptible children.[1-6]

Recently published evidence provides strong support that one injection of Lirugen should provide lifelong immunity.[7]

Contraindications: Pregnancy; leukemia, lymphoma and other generalized malignancies; brain damage in children under one year of age; febrile illness; allergy to egg proteins, neomycin or streptomycin. Precautions: Use cautiously in patients with a history of tuberculosis and patients being treated with steroids, irradiation, alkylating agents, and antimetabolites. Consult package literature before administering Lirugen.

References:

1. Schwarz, A.J.F.: Amer. J. Dis. Child., **103:** 386-389, 1962.
2. Krugman, S, et al.: Pediatrics, **31:** 919-928, 1962.
3. Andelman, S. L. et al.: J.A.M.A., **184:** 721-723, 1963.
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5. Schwarz, A.J.F.: Annales Paediatrici, **202:** 241-253, 1964.
6. Morley, D. C. et al.: Bull. W.H.O., **30:** 733-739, 1964.
7. Krugman, S, et al.: J. Pediatrics, **66:** 471-488, 1965.

DOW PITMAN-MOORE Division of The Dow Chemical Company, Indianapolis

Continued

record is an inventory of stocks on hand of such drugs as of Feb. 1. This initial inventory must contain the identity and quantity of all the specified drugs in finished form under the control of the registrant. Records thereafter must accurately list further manufacture, receipt and disposition of the drugs.

The system of record keeping was designed to permit government agents to follow the movement of the drugs—all of which are prescription drugs—from producer to consumer.

The FDA comissioner is authorized to determine that a stimulant or depressant drug has a potential for abuse, and therefore should be covered under the law, if there is evidence of:

—Individuals taking the drug in amounts sufficient to create a hazard to their health or to the safety of other individuals or the community.

—Significant diversion of the drug from legitimate drug channels.

—Individuals taking the drug on their own initiative rather than on advice of a physician or osteopath licensed by law to administer such drugs.

Most physicians won't be affected directly by the new federal regulations which state:

"The maintaining of small supplies of these drugs for dispensing or administering in the course of professional practice in emergency or special situations will not be considered as regularly engaged in dispensing for a fee."

PANEL WARNS OF TOO MUCH GOVERNMENT DEPENDENCY

A panel of leading businessmen has warned of the dangers of relying too heavily on government for administration of health and retirement plans.

Such government programs should be used to help the sick, disabled and aged, the panel said, "only if voluntary and private means—truly and tested—cannot adequately meet society's needs. . . . Heavy reliance on government can discourage the experimentation and innovation needed to solve our health and retirement problems. Such reliance also can narrow the freedom of choice of people who prefer to meet their needs in their own ways."

This statement was a highlight of a 263-page report by the Task Force on Economic Growth and Opportunity, which was an independent group set up under the sponsorship of the U. S. Chamber of Commerce. The report was entitled "Poverty: The Sick, Disabled and Aged."

The report cited medicare as an example, as follows:

"In an attempt to help low income, aged people obtain health care at little personal cost, medicare was attached to the tradition-bound Social Security program. As a result, medicare will help millions of Americans who are not needy by any stretch of the imagination.

"It will be financed by the Social Security payroll tax, a highly regressive tax that places heaviest burdens, in relation to income, on low income workers and on low income consumers who pay higher prices to absorb the cost of payroll taxes levied on employers."

MEASLES CASES LOWEST IN RECENT YEARS

Measles incidence in 1965 was the lowest in recent years, according to the

Continued



The Pain Is Gone

Despite introduction of synthetic substitutes, efficacy of 'Empirin' Compound with Codeine remains unchallenged.

'Empirin'® Compound with Codeine Phosphate gr. 1/2 No. 3

Each tablet contains: Codeine Phosphate gr. ½ (Warning—May be habit forming), Phenacetin gr. 2½, Aspirin gr. 3½, Caffeine gr. ½.

Keeps the Promise of Pain Relief

BURROUGHS WELLCOME & CO. (U.S.A.) INC., TUCKAHOE, N.Y.

Public Health Service's Communicable Disease Center.

Through the first 49 weeks of the year, 256,443 cases were reported, far below the average of more than 400,000 annual cases since 1960. There were 478,518 cases in the first 49 weeks of 1964.

But PHS warned that, if past experience is repeated, major epidemics can be expected in many sections of the country during the first half of 1966.

VIET WAR TO SLOW DOWN HEW SPENDING

The federal government is going to spend more on health and education programs in 1966—but not as much as originally expected, principally because of the Viet Nam war.

HEW Secretary John W. Gardner says 1966 would not be a "slowdown year" in his department because of the start of new programs in elementary and secondary education, medicare, water pollution, disease control and others areas.

But, he added, a certain slackening in other programs might be useful. He declined to identify specific projects. He said, however, that they "might be done better if they are started slowly." ◄

About Our Cover



William Withering, renowned for his introduction of digitalis into medicine, is also acknowledged as one of the greatest medical botanists of his time.

He discovered the virtues of digitalis in 1775 when he learned that it was important in the cure of dropsy. An old woman in his native town of Shropshire, England, compounded a tea of various herbs and used it to cure dropsy in her friends.

Withering analyzed the concoction and found that the most important ingredient in it was foxglove. After experimenting with foxglove at great length, he prescribed it and wrote a book on it which still remains a medical classic.

Despite the fact that digitalis proved to be an effective and safe drug, its acceptance was confronted with confusion. At first it was used in the treatment of tuberculosis. By the middle of the 19th century, it was realized that the drug had value for cardiac disease only.

Most physicians of the time used digitalis little or not at all, and those who did gave it in such small doses that it had little effect. It was not until 1897 that digitalis came into its own as one of the few indispensable medicines of all time.—J.F.S.

(Picture of William Withering from *Classics of Cardiology*, edited by Frederick A. Willius & Thomas E. Keys, Dover Publications, Inc., New York, New York.)



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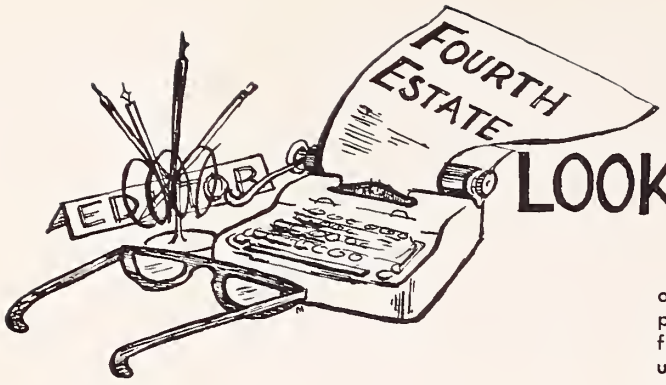
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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentotion of opinions which oppeor on the editorial poges of the public press, ond which ore of interest to the medicol profession. Its function is to review comments which moy be fovoroble or unfovoroble to medicine. Members ore invited to submit editoriol clippings for this column.

Medicare Reckoning Nears

Medicare is coming home to roost Jan. 1.

On that date, all workers covered by Social Security (and their employers) will start paying the bill. Social Security tax deductions are scheduled for a hefty boost.

Not all the increase will go for medicare, (which starts July 1) of course. Part will go to finance a seven percent increase in the amount of Social Security payments, plus broadened eligibility which will extend benefits to more people for a longer time.

Today, a worker who earns $127 a week pays a tax of 3.625% on the first $4,800 he makes. This means that by the end of September he has paid in the maximum of $174 and deductions cease for the year.

Starting Jan. 1, the $127-a-week man will pay a higher tax—4.2%—and will pay it for the entire year. Congress will be taxing him on the first $6,600 of income (instead of $4,800 as at present). He will pay a maximum of $277.20 for the year.

This means that each worker who makes $127 or more a week will have about $2 a week less to spend. His employer also will have less to spend, since the employer matches the employee's tax contribution with an equal amount.

But Social Security tax boosts aren't going to stop after Jan. 1, 1966. There's another increase scheduled Jan. 1, 1967, and further increases in 1969, 1973, 1976, 1980 and 1987.

Next year, the $127-a-week worker will be contributing $13.10 a year of his Social Security tax to paying for medicare. By 1987, he will be paying $52.50 a year as a medicare tax.

This assumes that Congress sticks to the formula it worked out in the 1965 Social Security law changes. There's no guarantee that it will, however. Congress' record on Social Security has been to boost the benefits—and the ante on each worker and his employer—almost every presidential election year.

Remember the big income tax cut of a couple of years back? With the Social Security tax boost, the government is in the position of taking away with one hand what it has given with the other.

The lesson is clear: the money to finance the "Great Society" programs passed by the last Congress won't come out of a magician's hat.

It will come out of the worker's pocket—in the form of direct higher taxation plus indirect taxes in the form of higher prices which employers will be forced to post to cover their higher Social Security costs.—*Hammond Times*, Dec. 27, 1965.

In a Fix

Indiana is not unique in its inability to turn out enough doctors to meet future state medical needs adequately.

The drive for a new state medical school has been shrugged off by some Hoosiers on the grounds that Indiana's doctor shortage will be filled by M.D.'s coming into the state from other parts of the country. Not so, according to Dr. Eliot Corday, president of the American College of Cardiology, because the entire United States is "in a fix" for doctors.

On top of the booming population and increased demand for medical services stemming from general prosperity and such innovations as federal medical care for the

Continued

Mother loves to see you eat.
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Food is Strength. Food is Love.
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Continued

aged, Dr. Corday revealed recently that only 63% of the nation's physicians are in private practice. Of the other 37%, 17 are in hospital service, four are in teaching, administration or research, two are in preventive medicine, eight are in government service, and six either do not practice or live outside the country.

Even though there are plans to increase the number of U.S. medical schools so that the annual crop of new doctors will increase from 7,600 to 9,000 a year, Dr. Corday observed: "Medical schools just don't burst into full bloom. It takes about five years to get one off the drawing board and another five years before it produces its first crop of doctors."

Obviously, Indiana can afford to wait no longer than the 1967 term of the Indiana General Assembly to get a second medical school in the works. Already the hour is late.—*South Bend Tribune,* Nov. 22, 1965.

Cracks Showing in Welfare System

The British, who have cradle-to-the-grave security are beginning to chafe under their system of welfare services. About half of all Britons, according to a survey, would like to switch from state-sponsored to private health and education services, but they still want the government to pay part of the bills.

The British now have a choice, of course, but if they want to go to a private doctor or send their children to a private school, they have to foot the entire cost themselves. The Labor government, trying to work its way out of an economic crisis and already on record as favoring the abolishment of private schools, is unlikely to pay much heed to suggestions that it subsidize private services.

But the cracks in a welfare system that already takes 40% of all taxes are beginning to show. Schools are overcrowded, as are hospitals which are also out of date. Housing is in short supply, and state pensions are called inadequate. Doctors and teachers want more money. A growing population and rising standards of living, plus the passage of time, are eroding what at one time seemed a more-than-adequate system of social welfare services.

The lesson is obvious for social planners in this country. Altho our private affluence permits us more freedom from government-sponsored welfare programs, the pressure for additions to such programs in never-ending. What may be considered the "ultimate" in health, education and Social Security benefits today could appear totally inadequate a decade from now.—*Minneapolis Tribune.* ◄



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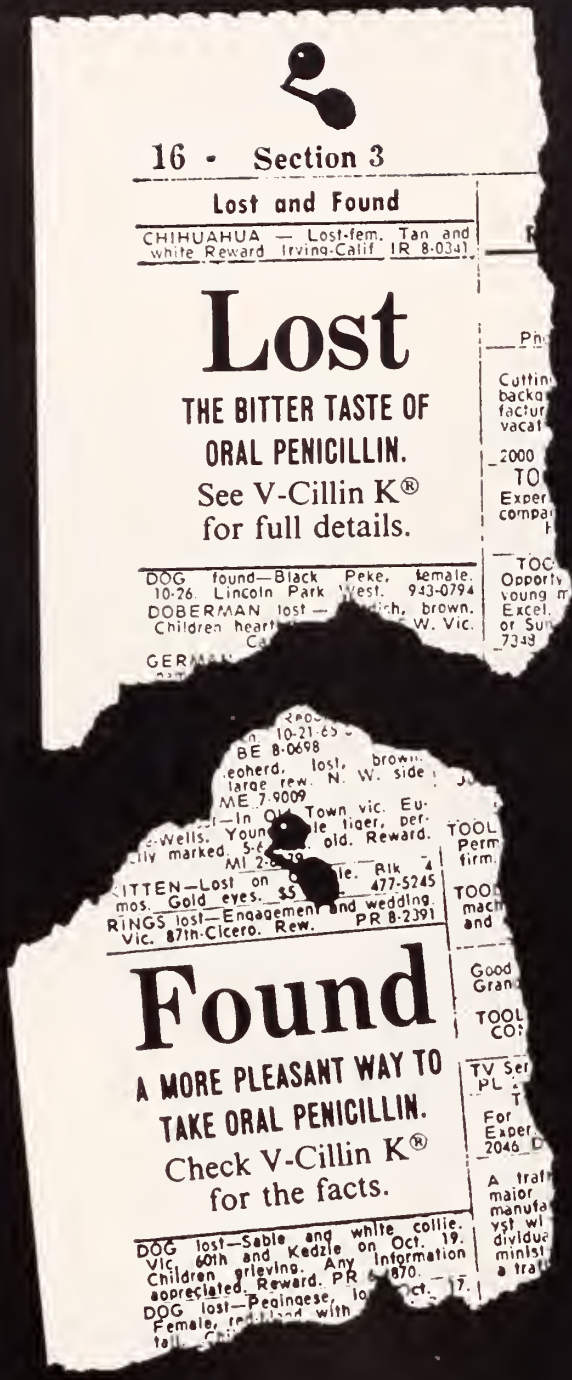
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 59 — February 1966 — Number 2

Atrial Fibrillation and Digitalis: A Complex Problem

SUZANNE B. KNOEBEL, M.D.
PAUL L. McHENRY, M.D.
*Indianapolis**

BECAUSE of the lack of a specific assay to measure precisely the basic therapeutic effect of digitalis, it is not surprising that clinicians, needing some guideline when administering the drug, seized upon atrial fibrillation as a type of "biologic assay." It became a clinical axiom that slowing of the ventricular response in atrial fibrillation results from the effect of the glycoside on conduction through the atrioventricular (AV) node; and that this effect is dose-related in most situations. Also, some security in the administration of digitalis was presumed if the ventricular responses were rapid.

Newer electrophysiologic evidence suggests that this relationship may be fortuitous and if the clinician insists that AV transmission slowing must occur before digitalis toxicity can be manifest, serious difficulties can arise. In order to develop this concept, certain electrophysiologic information needs to be reviewed.

The heart is composed of two broad tissue types:

(1) The atrial and ventricular myocardial cells

(2) The specialized conducting tissue which includes the sinoatrial (SA) node, the junctional tissue (AV node) and the His-Purkinje (HP) system.

Digitalis affects both tissue types; but the sensitivity of these tissues to digitalis is not equal nor constant. Furthermore, these tissues have several properties: (1) excitability, the ability to respond to a stimulus, (2) conductivity, the ability to transmit an impulse and (3) automaticity, the ability to initiate an impulse spontaneously without the benefit of a stimulus. And again, digitalis affects these properties in a differential manner.

Table 1, as modified from Hoffman and Singer[1] summarizes the effects of digitalis on these tissues and properties and represents data secured by microelectrode and surface electrode studies in intact mammalian hearts.

Table 1 demonstrates that if the aim in rapid atrial fibrillation is to block AV conduction so that fewer impulses get through to stimulate the ventricles, digitalis does indeed work this way in therapeutic as well as toxic doses. At the same time however, the

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Dr. McHenry is a trainee of the National Heart Institute.

EFFECT OF DIGITALIS ON INTACT MAMMALIAN HEART		
PHYSIOLOGICAL PROPERTY	LOW DOSES	HIGH DOSES
A. Automaticity		
a. S-A[1] Node	D[4]	
b. b. H-P[2] System	D or I[5]	I
B. Excitability		
a. Atrium	D	D
b. Ventricle	I	D
C. Conduction		
a. A-V[3] Node	D	D
b. H-P System	?	D
c. Atrium	D	D
d. Ventricle	U[6] or I	U or D

1. S-A, Sino-Atrial Node
2. H-P, His-Purkinje System
3. A-V, Atrio-Ventricular Node
4. D - decreased
5. I - increased
6. U - unchanged

HP system, a source for ectopic activity, may have increased or decreased automaticity. If increased, spontaneous pacemaker activity might appear as a first manifestation of digitalization and prior to any effect on AV transmission. These ectopic impulses would also be firing at a ventricle with increased excitability so that the stage would be set for ventricular tachycardia.

Figure 1 demonstrates the appearance of increased automaticity of a junctional pacemaker prior to any significant slowing of AV transmission. Rapid atrial fibrillation is seen in line 1. Some slowing of the ventricular response occurred following 0.4 mg. of Lanatoside C but not to a satisfactory therapeutic rate. An additional small dose of digitalis resulted in increased automaticity of the junctional tissue as manifested by a junctional tachycardia in line 4. With further digitalis, a junctional rhythm with ventricular bigeminy (line 6) occurred.

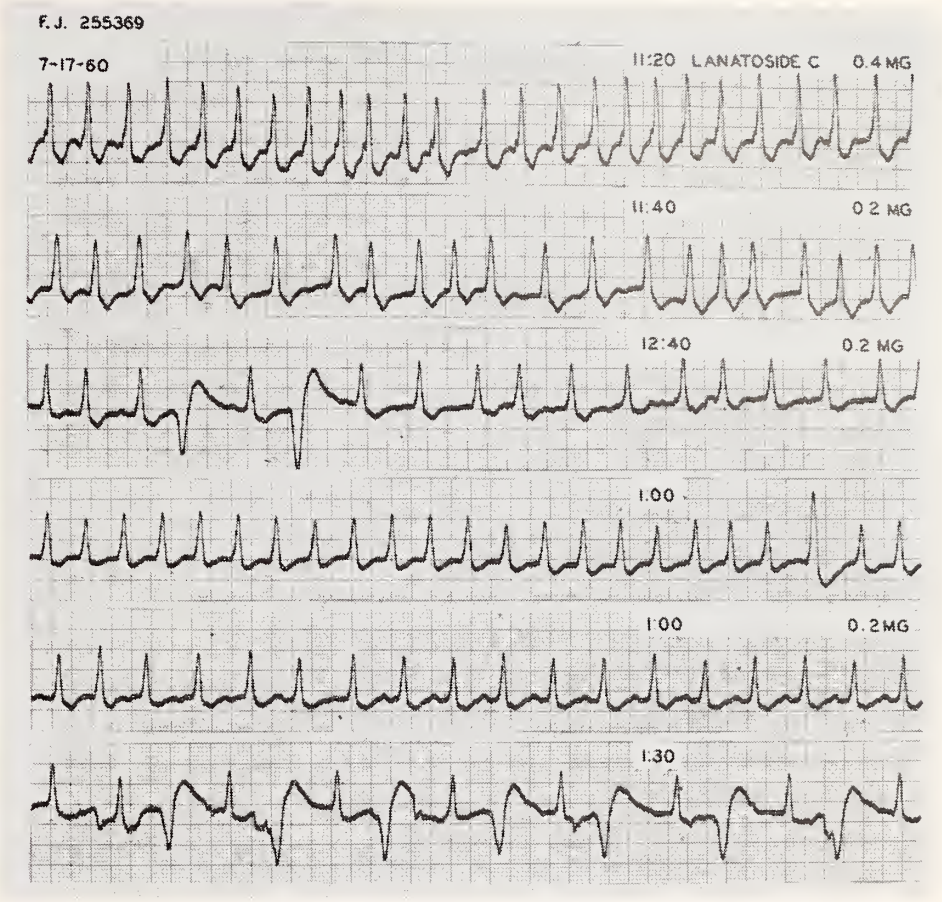
Figure 2 also provides evidence that increased automaticity can occur before any significant degree of junctional block is obtained. This patient demonstrated evidence of digitalis toxicity on 9/24/65 and digitalis was discontinued. Five days later, rapid atrial fibrillation occurred (line 2) and digitalis therapy resulted in a junctional rhythm with ventricular ectopic activity. At no time was there any evidence of depressed AV conduction.

Increased ventricular automaticity may also occur prior to AV conduction block as demonstrated in Figure 3. A satisfactory ventricular response was not achieved in this patient prior to the development of a ventricular tachycardia on 4/27/64.

Withering stated "Independent of the degree of disease or of the strength or age of the patient, I have had occasion to remark, that there are certain constitutions favorable and others unfavorable to the success of the digitalis."[2] This general statement may be interpreted more specifically; that is, on occasion, the first effect of digitalis may be to slow junctional conduction; but on other occasions, slowing of conduc-

FIGURE 1

THIS ECG demonstrates enhanced junctional and Purkinje automaticity without any significant slowing of the ventricular response in a patient with atrial fibrillation treated with Lanatoside C. The upper three strips show some slowing of the ventricular rate with appearance of two ventricular ectopic beats in the third row. The fourth row shows an absolutely regular rhythm and represents a junctional (AV nodal) tachycardia. A similar mechanism is present at the beginning of the fifth row with development of SA rhythm toward the end of this strip. The bottom row demonstrates a junctional tachycardia similar to that seen in the fourth strip, but now interrupted by a ventricular bigeminy. An alternate interpretation of this tracing, namely junctional tachycardia with a 3:2 exit block and aberration of alternate QRS complexes is also possible. However, the similarity of the aberrant complexes and the V.P.S. seen in the third row makes a diagnosis of junctional tachycardia with ventricular bigeminy more likely.



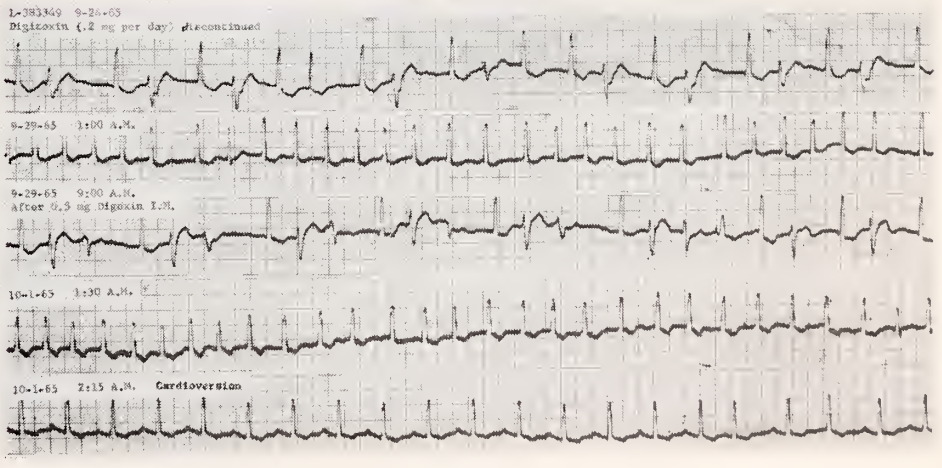


FIGURE 2

THIS TRACING demonstrates failure of digitalis to slow AV conduction in a patient with atrial fibrillation with doses of the drug sufficiently large to elicit Purkinje automaticity. The upper strip demonstrates evidence of digitalis toxicity manifested by a coupled bigeminy with varying exit. When digitoxin was discontinued, a rapid ventricular rate was recorded (9-29-65). After administration of 0.5 mg. of digitoxin (9-29-65), evidence of enhanced automaticity appeared indicating digitalis intoxication. Despite this, upon discontinuation of digitalis, there was no evidence of slowing of AV conduction and the ventricular rate remained rapid (10-1-65). Following successful cardioversion, sinus rhythm was established (10-1-65).

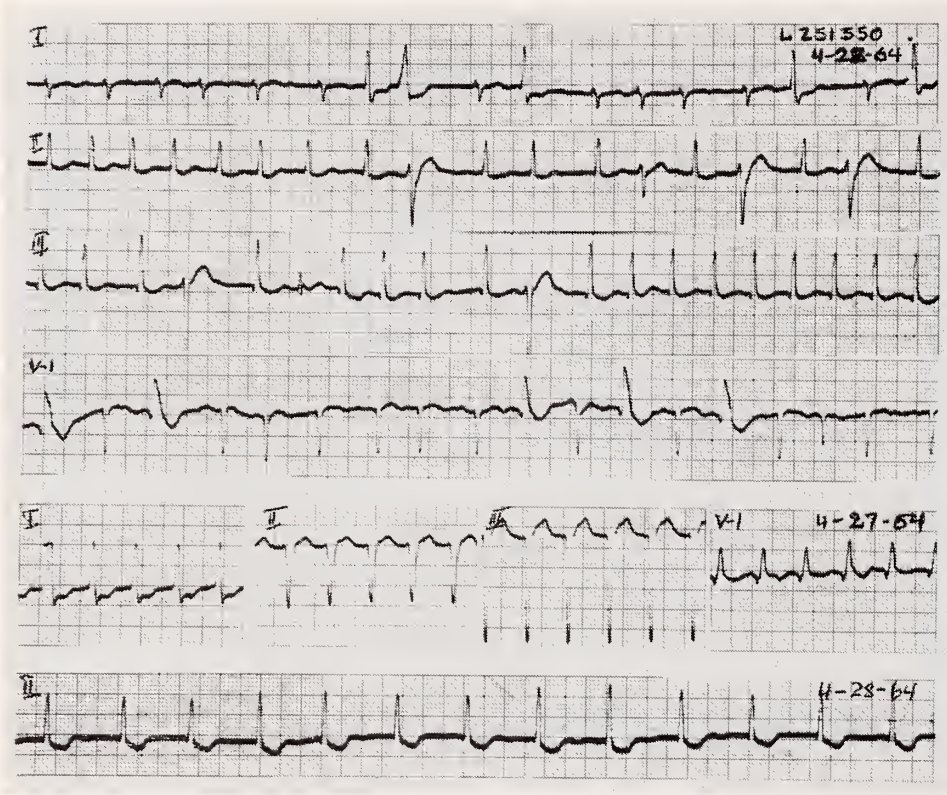


FIGURE 3

THIS TRACING is an example af development af ventricular and junctianal tachycardia during an unsuccessful attempt to slow the ventricular rate in a patient with atrial fibrillatian. Leads I, II, III and V-1 recarded an 4-22-64 demonstrate atrial fibrillatian with ventricular premature systales. The ECG taken on 4-27-64 demanstrates ventricular tachycardia with the QRS complexes identical in appearance ta the V.P.S. recarded an 4-22-64. Digitalis was discantinued and an 4-28-64 a junctianal (AV nodal) tachycardia was recarded. Bath the ventricular and junctianal tachycardias indicate a rather severe degree of digitalis intaxication.

tion may not be the first manifestation of digitalis.

Differential Sensitivity

The effect of digitalization efforts will depend on which tissue sensitivity dominates. The tissue sensitivity at any one time is dependent on the ionic equilibrium, pH, pCO_2, O_2, the autonomic balance, the nature of the underlying heart disease and many other factors. Thus digitalis can not be considered to be a completely predictable drug; rather, under certain circumstances, its action may be considerably modified.

Although the problem of differential sensitivity is difficult, it does not interfere drastically with the clinical use of digitalis in atrial fibrillation. The recognition of the possibility of increased automaticity prior to AV conduction slowing should prevent the physician from insisting that the ventricular response slow under all circumstances.

Frequent electrocardiographic study is essential for those patients with atrial fibrillation who are being digitalized. Unfortunately, it is not enough to determine whether the rate is regular and rapid, indicating a junctional tachycardia, or irregular and rapid suggesting atrial fibrillation. On superficial examination, some records appear to be atrial fibrillation but may represent a junctional tachycardia with Wenckebach type block and a consequent irregular rhythm. Tracings which appear to be atrial fibrillation should be scanned carefully for "patterned beating" which would suggest some other mechanism.

As indicated above, perhaps the best known effect of digitalis is that on the effective refractory period of the AV transmission system. However, this is not entirely the result of the direct action of the glycoside on the junctional tissue. Prolongation of effective refractoriness is due partly to vagal action, partly to a direct effect of digitalis and partly to concealed conduction, the degree of which is a function of the atrial input frequency to the AV node. Enhanced or decreased concealed conduction may in itself affect the effective refractory period of the junctional tissue.[3,4]

So once again, the clinician can not selectively utilize digitalis to cause slowing of AV conduction time in atrial fibrillation without regard for other contributing factors. In the presence of a certain amount of junctional block due to the direct effect of digitalis, a decrease in the atrial input component of the effective refractoriness might result in an accelerated ventricular response. Acceleration of the ventricular

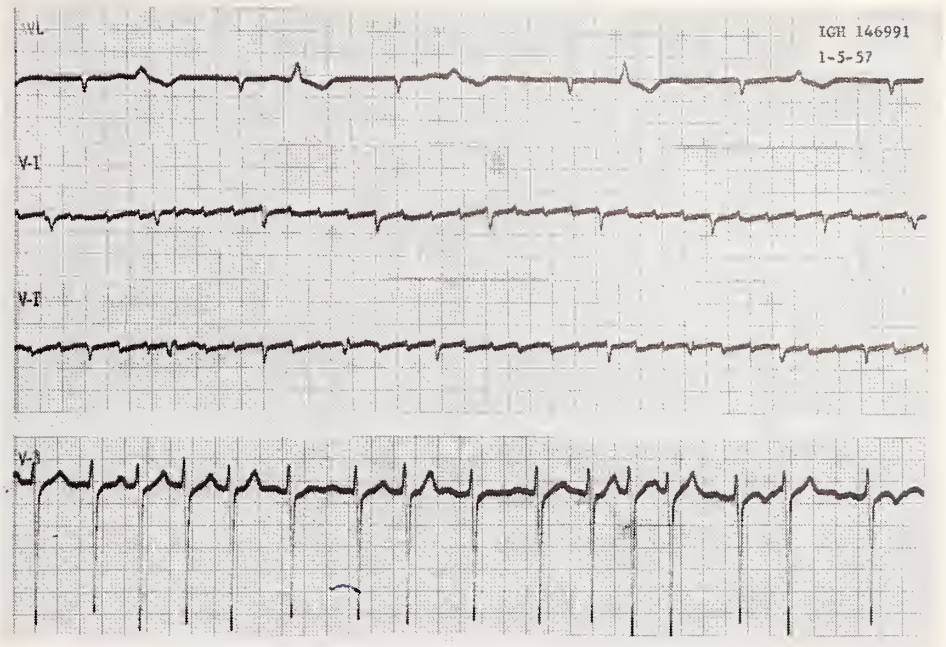


FIGURE 4
DEMONSTRATED here is paradoxical acceleration of AV conduction manifested by a rapid ventricular rate in the presence of digitalis intoxication. Leads AVL and V-1 demonstrate atrial flutter with a varying "unphysiological" block and a unifocal ventricular bigeminy with varying exit. Despite this evidence of digitalis intoxication, with spontaneous conversion of the flutter to fibrillation, the ventricular rate was paradoxically rapid indicating lack of depression of AV conduction in the presence of digitalis.

rate when atrial fibrillation changes to flutter (slowing of the atria and elimination of concealed conduction) has been frequently observed. The acceleration of the ventricular response does not necessarily indicate that further digitalis would be tolerated, for the direct effect of the drug on the tissues may be at near toxic levels.

Figure 4 is a continuous tracing. In Leads AVL and V-1, a high degree of junctional block is seen with evidence of digitalis toxicity and yet, when atrial fibrillation occurred in V-3, the ventricular response is rapid. It can only be assumed that the atrial fibrillatory waves were not invading the junctional tissue to a sufficient degree to contribute greatly to the establishment of an effective refractory period of the AV conduction pathway.

Perhaps for the same reason, patients with coarse fibrillation, as seen in rheumatic valvular disease, require more digitalis to effect slowing of the ventricular response. Coarse fibrillation may indicate a slower fibrillatory rate and a consequent decrease in atrial input frequency to the AV node resulting in less concealed conduction.

It might also be argued that as the direct effect of digitalis on atrial muscle is to decrease excitability, a time might be reached during digitalization where paradoxical acceleration of the ventricular response could occur as the result of the decreased atrial contribution to the effective refractory period of the AV junction.

Summary

Digitalis is not specific for any one therapeutic aim. When using it to block the AV junction in atrial fibrillation, its action on the properties of the other cardiac tissues must be remembered. It must also be remembered that its effect on the junctional effective refractory period is not entirely its own and that other contributing factors can considerably modify its action at any given dose. As Withering stated "the use of Foxglove is getting abroad, and it is better the world should derive some information, however imperfect . . . than that lives of men should be hazarded by its unguarded exhibition, or that a medicine of so much efficacy should be condemned and rejected as dangerous and unmanageable."[5]

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Use of Diagnostic Ultrasound in Clinical Cardiology

HARVEY FEIGENBAUM, M.D.
ABID ZAKY, M.B.
Indianapolis*

WHEN SOUND WAVES attain a frequency above 20,000 cycles per second, they are regarded as ultrasound. Frequencies this high cannot be detected by the human ear. Although ultrasound behaves much the same as low frequency sound, the former can be directed in a straight beam and can be refracted or reflected in a manner similar to light. Furthermore, ultrasound, with its short wave length, exhibits less tendency to scatter.

The use of ultrasound as a diagnostic tool in cardiology began with the early investigations of Keidel in 1950.[1] He used a continuous ultrasound beam directed through the chest over the area of the heart and recorded the changes in the intensity of the signal received after passage through the chest. The intensity of the received ultrasound varied synchronously with the heart beat; however, no quantitative measurements of changes in cardiac volume could be ascertained.

Then in 1954, Edler and Hertz[2] in Sweden, described cardiac motion with a pulsed ultrasound beam rather than the continuous beam. This technic utilized the principle that when ultrasound crosses a boundary or interface between two media with different acoustical impedance, some of the waves are reflected while the remainder continue through the second medium. The amount of sound reflected depends upon the magnitude of the acoustical difference between the two media and, like light, the angle of incidence of the beam with the interface. The acoustical impedance depends primarily on the medium's density. Thus the acoustical difference between gas and solid is greater than between solid and liquid. As a result, the interface between a gaseous medium and a solid medium would be a better reflector of ultrasound and would produce a more intense echo than would an interface between liquid and solid or between solids of different densities.

This technic requires a transducer which is capable of both emitting and receiving ultrasound. This requirement is met by having the transducer transmit one microsecond ultrasonic impulses intermittantly at a rate of 200 to 2,000 times per second. Between impulses, the transducer acts as a receiver and records the reflected sound waves. These reflected sonic impulses (echoes) activate the crystal and are converted into electrical signals which can be displayed on an oscilloscopic screen. Since the velocity of sound in human soft tissue is known (1540 M/sec), the time interval between transmission of the sound and return of the echo can be used to measure the distance between the interface and the transducer. Commercial ultrasonoscopes actually perform this calculation electronically, and the distance between transducer and echo is displayed directly on the oscilloscope.

If the particular interface moves perpendicularly to the transducer, then the corresponding echo will also move. There are at least three ways in which this movement can be recorded. The usual oscilloscopic recording (A scan) has distance along the abscissa and amplitude of the signal along the ordinate (Figure 1). Photo-

* From the Department of Medicine (Division of Cardiology) and the Heart Research Center, Indiana University School of Medicine, and the Krannert Heart Research Institute, Marion County General Hospital, Indianapolis.

Supported by the Herman C. Krannert Fund, the Indiana Heart Association, and by U. S. Public Health Grant HE 09815-01, and (in part) by the U.S. Public Health Training Grant 5363, and (in part) by facilities provided by Cardiovascular Clinical Research Center Grant H-6308 from the National Heart Institute, U.S. Public Health Service.

Dr. Zaky is a trainee of the National Heart Institute.

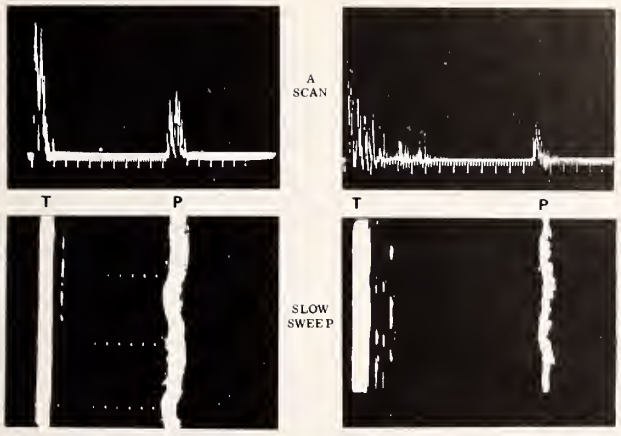


FIGURE 1

"A SCAN" and "slow sweep" recordings of the posterior heart wall echo (P) in a normal subject (left tracings) and a patient with a dilated heart (right tracings).

graphing the A scan with a motion picture camera is one way of recording the movement of the echo. A better method utilizes the "slow sweep" (B mode or "time-motion") recording. With this type of echo display, the signals are reduced to bright dots, time is substituted for amplitude, and the resultant oscilloscopic image has distance plotted against time. With the slow sweep, a time exposure photograph is all that is necessary to record motion. If one of the echoes moves, it will be displayed as a wavy line (Figure 1). A third way of recording motion is by singling out a particular echo with a gating device and then inscribing the movement of that echo on a strip-chart recorder via an analogue output attachment (Figure 2). Since the ultrasonic impulses are being sent and received at the rate of 200 to 2,000 per second, the resultant recording is essentially continuous.

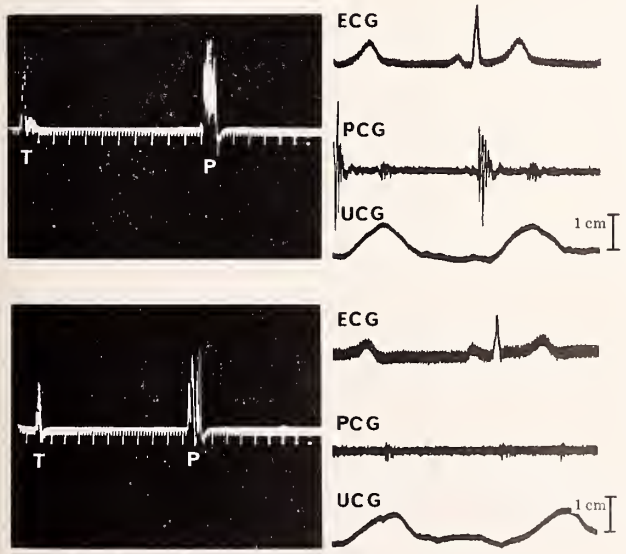


FIGURE 2

"A SCAN" and analogue recordings of the posterior heart wall echo in two normal subjects. As the echo moves toward the transducer (T), the ultrasound tracing (UCG) on the strip chart rises. Thus the analogue recording demonstrates anterior motion of the posterior heart wall with ventricular systole as timed with the electrocardiogram (ECG) and phonocardiogram (PCG).

Mitral Stenosis

Diagnostic ultrasound has been used most extensively in the evaluation of the mitral valve in patients with mitral stenosis. This work was first done by Edler and his associates[3,4,5] and then by several other investigators in Europe.[6,7] In recent years the use of ultrasound to detect mitral stenosis has become increasingly popular in this country.[8,9,10]

The examination of the mitral valve is usually done with the patient in the recumbent position. The transducer is placed along the left sternal border in the third or fourth intercostal space and is directed posteriorly and a little medially. The echo from the anterior leaflet of the mitral valve is usually found to be 6-10 cm from the chest wall. The echo is characterized by rapid motion and anteroposterior excursions of 3 to 4 cm.

An example of an ultrasound tracing of a normal valve is shown in Figure 3. The normal curve has two anterior peaks during each cardiac cycle. Peak 1 is the anterior movement of the valve leaflet as atrial contraction forces the mitral valve open and propels blood into the ventricle. This wave is not seen in patients with ineffective atrial contractions or atrial fibrillation. The curve then recedes posteriorly, at first slowly, and then more rapidly with the onset of ventricular systole, point 2. During ventricular contraction, the leaflet gradually moves anteriorly to point 3. With the beginning of ventricular relaxation, the leaflet rapidly moves anteriorly to peak 4. Following this most anterior movement of the curve, there is a fairly rapid descent to point 5, just before the next atrial contraction. In patients with mitral stenosis, there is a very characteristic change in the slope of the curve following peak 4. In place of the rapid descent after peak 4, there is a plateau and slow posterior fall-off, which obscures peak 1 even in the presence of normal sinus

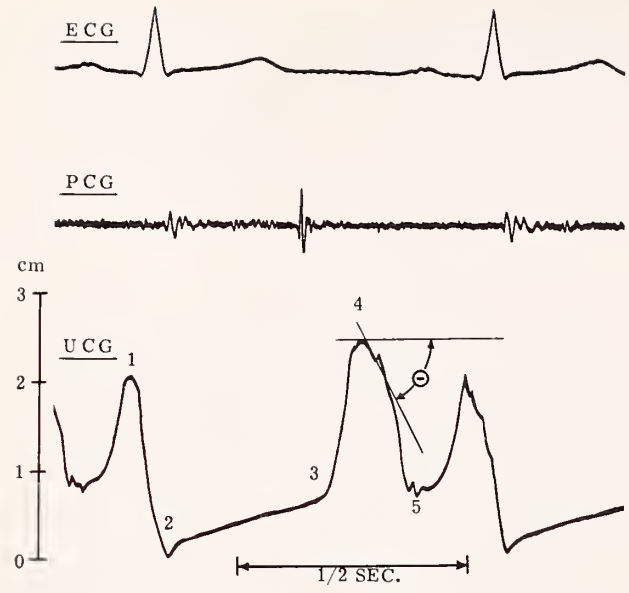


FIGURE 3
ULTRASOUNDCARDIOGRAM (UCG) of the anterior mitral valve echo in a normal subject. (See text for details).

rhythm and effective atrial contractions (Figure 4).

Joyner found that in normal individuals, the velocity or slope of the early diastolic posterior displacement was in the range of 85 to 160 mm/sec.[8] Sixty patients with mitral stenosis, proven at surgery, had a velocity range from 2 to 35 mm/sec. In this series there were no patients with mitral stenosis who had valve motion velocities over 40 mm/sec and no normal valve moved less than 80 mm/sec. Other investigators have measured the slope in terms of angle Θ.[6] A wide angle was present in the patient with a normal valve and a narrow angle represented mitral stenosis.

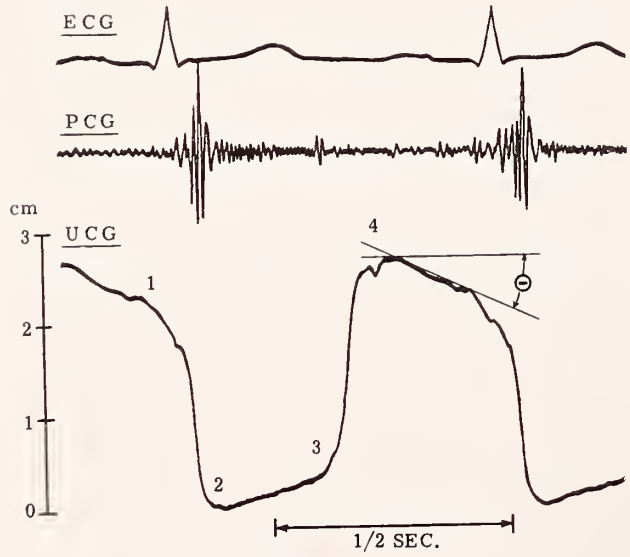


FIGURE 4
ULTRASOUNDCARDIOGRAM (UCG) of the anterior mitral valve echo in a patient with mitral stenosis. (See text for details).

There have been several studies correlating the ultrasound findings with those at surgery and at cardiac catheterization, and thus far the correlation has been excellent. In a more recent study, Joyner and Reid[10] reported that the intensity of the mitral valve echo was a function of the thickness and fibrous texture of the leaflet. Also the total excursion of the echo indicated the mobility of the valve. This information has been used to anticipate whether or not it was feasible to do a commissurotomy or whether the entire valve needed to be replaced at the time of surgery.

Pericardial Effusion

The other major use of ultrasound cardiography is in the diagnosis of pericardial effusion.[3,11] The diagram in Figure 5 demonstrates the theory behind this use of ultrasound. In the normal individual, with the transducer placed to the left of the sternum at the fourth or fifth intercostal space and directed posteriorly, the ultrasonic beam transects the posterior wall of the heart. The beam also passes through the anterior heart wall. Although the anterior echo is depicted in this diagram, normally this echo is obscured by the echoes originating from the anterior chest wall. The posterior wall however, is relatively isolated. The echo reflected from it is easy to obtain and has a characteristic movement which allows for rapid recognition. The posterior echo is probably a combination of echoes arising from the intracardiac blood-endocardium interface and the pericardium-lung interface. Since the difference between the acoustical impedance of solid and gas is greater than that of solid and liquid, the pericardium-lung interface probably contributes more to the genesis of the echo.

With the introduction of pericardial fluid (Figure 5), two things happen. First of all, the anterior heart wall echo is now separated from the anterior chest wall echoes by an echo-free space and can be readily recorded. Secondly, the posterior echo is divided into two components, a fainter more

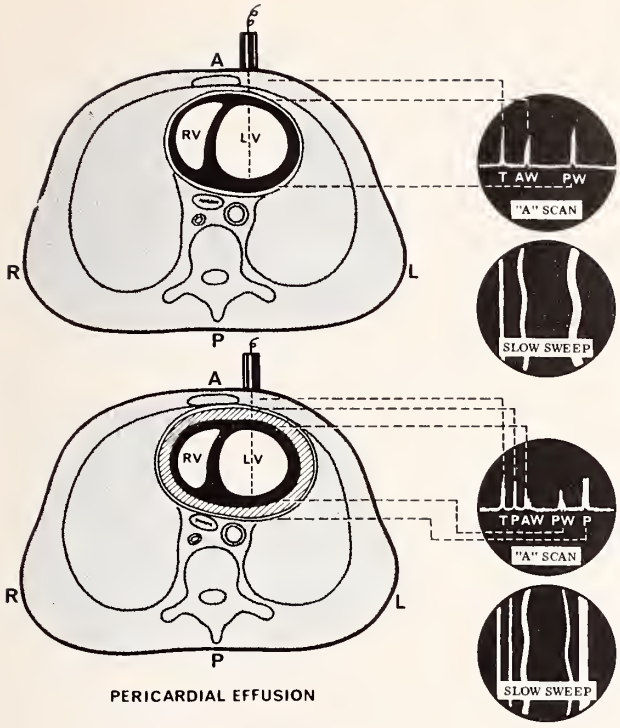


FIGURE 5

DIAGRAM illustrating the theory behind the use of diagnostic ultrasound in detecting pericardial effusion. Normally there is only one echo in the vicinity of the posterior heart wall (upper diagram). Pericardial fluid divides the echo into myocardial (PW) and pericardial (P) components. The latter component no longer moves with cardiac action.

anterior component which continues to move with cardiac action and arises from the intracardiac blood-endocardium interface, and a stronger signal which is more posterior, no longer moves with cardiac action, and arises from the pericardium-lung interface. Thus the theoretical basis for identifying the presence of pericardial effusion with ultrasound is that the echo-free pericardial fluid separates the anterior heart wall echo from the anterior chest wall echoes and divides the dominant echo in the vicinity of the posterior heart wall into myocardial and pericardial components.

The posterior heart wall echoes of two patients with no pericardial effusion are illustrated in Figure 1. The ultrasoundcardiograms to the left are from a normal subject and the tracings on the right are from a patient with a large dilated heart. In both cases there is a single dominant posterior echo. The echo is 10 cm from the transducer or chest wall in the normal subject and 14 cm in the patient with the dilated heart. In neither case is the anterior heart wall echo identifiable.

In most cases of pericardial effusion, the fluid can be detected both anteriorly and posteriorly (Figure 6). Either the A scan or slow-sweep recording can be used to record the pericardial effusion; however, since motion can be illustrated on the slow-sweep presentation, it is the preferable method. We have concentrated primarily on the posterior echoes and have been fairly successful. Probably the main advantage of looking posteriorly is that if the dominant posterior echo is found to be single and if it moves with cardiac action, pericardial effusion can be excluded.

To rule out the possibility of pericardial fluid by looking anteriorly, one must be satisfied with being unable to locate the anterior heart wall echo and thus must rely on negative information and a diagnosis by exclusion. Either the posterior or anterior approach is quite valid and actually, when used together, makes diagnostic ultrasound a highly reliable technic for the detection of pericardial effusion. Thus far we have studied approximately 30 patients with confirmed pericardial effusion and about 200 patients without any significant pericardial fluid. There have been three false positive results and no false negative examinations.

In addition to noting the presence of fluid in the pericardial sac, this diagnostic technic allows for the recording of the motion of the heart within the fluid.[11] Figure 7A shows a patient with acute pericardial ef-



FIGURE 6

"A SCAN" (A) and "slow sweep" (B) ultrasound cardiograms in a patient with pericardial effusion.



FIGURE 7

ULTRASOUNDCARDIOGRAM of a patient with pericardial effusion and cardiac tampanade (A) and a repeat tracing after pericardiocentesis and relief of the tampanade (B).

fusion and cardiac tamponade. The heart walls barely move. Following pericardiocentesis, the cardiac motion is markedly improved (Figure 7B). Another interesting observation made with this procedure is that the heart may actually move excessively in some patients with pericardial effusion.[12] This excessive cardiac motion may offer an explanation for the occasional finding of electrical alternation in patients with pericardial effusion.

Other Uses of Diagnostic Ultrasound

Diagnostic ultrasound, of course, has been used in many other fields of medicine. The detection of intracranial space-occupying lesions, the finding of foreign bodies in the eye, and various obstetrical uses have been some of the major medical applications for this technic.

Various investigators have reported an assortment of other cardiovascular uses for diagnostic ultrasound. Echoes from the tricuspid and aortic valves can occasionally be recorded;[13] however, these echoes cannot be found with any consistency. Left atrial tumors or thrombi have been apparently detected with this technic.[14] Several investigators also feel that they can identify aortic aneurysms and even ventricular aneurysms. Again these uses must await further confirmation.

One major feature of this diagnostic tool is that it is virtually harmless to the patient. The power output is approximately 0.012 watts/cm^2, considerably less than the 1 to 3 watts/cm^2 used in ultrasound therapy. One investigator stated that no harmful effects were observed with this type of examination in over 2,500 patients.[14] The biologic effects of this form of ultrasound have been tested in various tissues and to date no evidence of any damage has been reported. In fact, the technic is considered to be safer than x-ray and is the primary reason why it is being used in obstetrics. Most of the commercially available equipment is also portable, thus the examination can be made at the bedside.

Only time will determine the ultimate role of diagnostic ultrasound in clinical cardiology. If for no other reason than its safety and simplicity, the technic certainly warrants serious consideration and evaluation. Thus far ultrasound cardiography offers a valuable addition to our diagnostic armamentarium in patients with mitral stenosis and pericardial effusion. Hopefully, further uses for this unique procedure will be forthcoming as it is used more extensively by an increasing number of investigators.

Summary

There has been an increasing interest in diagnostic ultrasound in clinical medicine. The basic principles of this diagnostic technic as well as its specific application to clinical cardiology are discussed. Thus far the use of reflected ultrasound seems to be of great value in patients with mitral stenosis or pericardial effusion. There have been isolated reports of other cardiovascular uses of ultrasound; however, these uses need further confirmation. As additional applications for this diagnostic tool are developed, it is conceivable that this procedure, which is safe, simple and can be done at the bedside, may become a valuable adjunct to our cardiovascular examination.

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DR. EDWARD R. ANNIS TO SPEAK AT 12th KIRKPATRICK MEMORIAL WORKSHOP

Dr. Edward R. Annis, a past-president of the American Medical Association, will speak March 16 at the 12th Kirkpatrick Memorial Workshop on Aging at Ball State University in Muncie.

Dr. Annis, a surgeon, has served for several years as director of the Family Service and Senior Citizens division of the welfare planning council of Miami, Fla.

The Kirkpatrick Memorial Workshop is in memory of J. Walter and Arrena I. Kirkpatrick of Muncie. It is co-sponsored by the Delaware-Blackford County Medical Society, the Muncie Academy of Medicine and the Indiana Commission on Aging and the Aged.

The theme of the all-day workshop this year is "Government — A Catalyst in Self-Help in Aging." A basic principle emerging from the studies of aging is that a variety of alternatives is required if the needs of all of the people are to be met. A second principle is that independence is of major importance and should be strengthened and preserved as long as possible. This workshop will present for discussion a number of ways in which the various levels of government have helped or may help older people to help themselves.

Mr. William D. Bechill, Commissioner, Administration on Aging, United States Department of Health, Education and Welfare, will be the keynote speaker of this year's workshop.

Anyone interested may attend, but should make reservations. The expenses connected with the workshop are a registration fee of $1.00, the luncheon at $1.50 and the dinner at $2.50. Advance payment for the meals would be appreciated. Checks should be made payable to Ball State University and should be sent to Richard W. Burkhardt, Vice-president and Dean of Faculties, Ball State University, 2000 University Avenue, Muncie, Indiana 47306.

The Effect of Vagus on Atrial Repolarization

ROBERT M. KING
*Indianapolis**

HOFFMAN and Cranefield[1] clearly described the effect of acetylcholine chloride on the monophasic action potential (MAP) of isolated dog atrium. Using simultaneous intracellular and surface electrodes, they demonstrated an acceleration of repolarization in phases two and three of MAP and an increased amplitude of the atrial repolarization (Ta) wave in the surface electrogram. The purpose of this report is to present a unique electrocardiogram, illustrating this effect of acetylcholine on a human atria, in this instance liberated by stimulation of the vagus.

Case Report

A 63-year-old male was admitted initially on June 19, 1965, because of an acute anteroseptal myocardial infarction. The patient's hospital course was complicated by congestive heart failure and pulmonary edema, for which he was successfully treated. He was released from the hospital a month later and was instructed to take 0.1 mg. digitoxin daily.

On September 8, 1965, the patient returned to the emergency room complaining of nausea and vomiting. The electrocardiogram showed sinus rhythm with coupled ventricular premature systoles. He was advised to discontinue digitoxin but failed to do so.

He was re-admitted to the hospital ten days later, unresponsive with Cheyne-Stokes respiration. Pulse rate was 160 and regular; blood pressure was 90/60 mm Hg. There were bilateral basilar rales, and marked pitting edema of the extremities. The electrocardiogram revealed an atrial tachycardia, and chest films demonstrated marked cardiomegaly with evidence of pulmonary edema.

The patient was given a total of 1.25 mg. of digoxin intramuscularly without any effect on the atrial tachycardia. An additional .25 mg. of digoxin was given intramuscularly and the electrocardiogram revealed atrial flutter-fibrillation with a ventricular rate of about 90 per minute. Subsequent tracings revealed atrial flutter with varying 2:1 and 4:1 A-V block. An additional .25 digoxin was given intramuscularly for a total of 1.75 mg. digoxin in 18 hours.

Three hours later, the electrocardiogram revealed paroxysmal atrial tachycardia (atrial rate of 166) with variable block and blocked premature atrial systoles. Carotid massage did not alter the atrial tachycardia but did decrease the ventricular response. It was during carotid massage that prominent Ta waves were observed (Figure 1). Electrolytes at that time showed a sodium of 115 meq/L, potassium of 3.8 meq/L and chloride of 73 meq/L.

Discussion

The electrocardiogram (Figure 1) demonstrates atrial tachycardia with block. Right carotid massage was given in an attempt to terminate the tachycardia. The vagal stimulation produced a higher degree of A-V block and gross alteration of the Ta segment, the polarity of the Ta segment being either positive or negative.

The gross alteration of the Ta segment in this electrocardiogram represents the vagal effect on repolarization of human atrial muscle. This vagal effect was potentiated by the cardiac glycoside.

The possibility of discounting these Ta

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Supported by the Herman C. Krannert Fund, the Indiana Heart Association, and (in part) by the U. S. Public Health Training Grant 5363, and (in part) by facilities provided by Cardiovascular Clinical Research Center Grant H-6308 from the National Heart Institute, U. S. Public Health Service.

Mr. King is a junior medical student at the Indiana University Medical School and a student research Fellow in Cardiology.

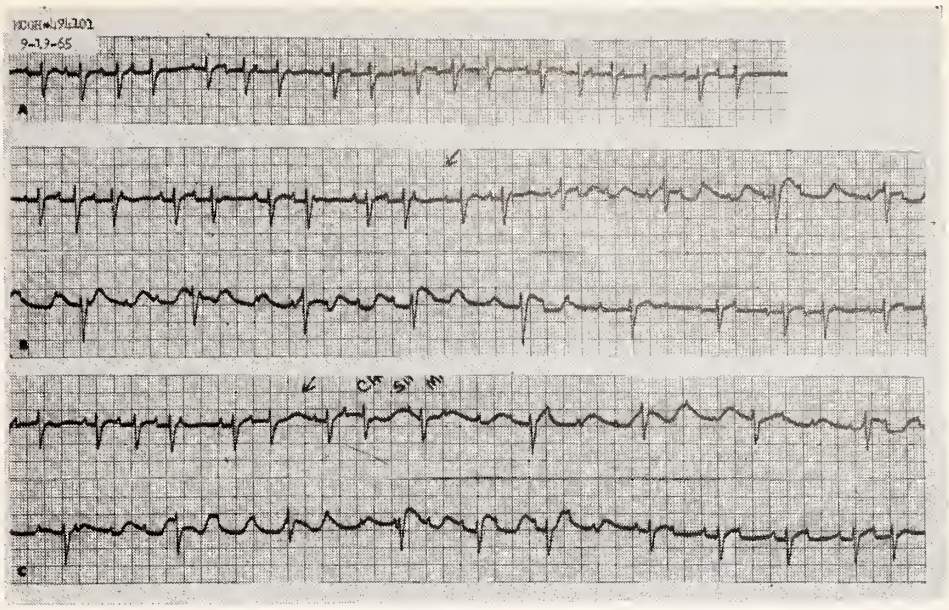


FIGURE 1

1) Part A is the control tracing revealing atrial tachycardia with variable block and blocked premature atrial systoles. The atrial rate is about 166.

2) Part B is a continuous tracing, taken during carotid massage (arrow). The ventricular rate decreased to 47/min., while the atrial rate remained that of the control tracing. Prominence of the Ta segment was observed during the massage (see text for details).

3) Part C is a continuous tracing taken during a repeat carotid massage (arrow), revealing the same phenomenon.

wave changes as artifact, due to variation of baseline, has been considered. However this does not seem feasible because: (1) the carotid maneuver was attempted a number of times, revealing the same phenomenon each time and (2) the QRS complexes did not wander throughout the carotid massage, indicating that in general the baseline remained constant.

Summary

A unique case demonstrating the effect of acetylcholine liberated by carotid massage on the human atrium is reported.

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New Drug Score: USA 75, USSR Zero

How important is the patent system to the prevailing health care picture? Here are a few examples. In 48 years, Russia's government-owned pharmaceutical industry has not developed a single new and important drug. In 24 years, thanks in part to patent protection, the American pharmaceutical industry has come up with at least 75 new drug entities.

Credit (and a considerable amount is due) must go to a competitive industry that thrives in a competitive economy—motivated by the rewards and contributions to knowledge that the nation's patent system has always guaranteed.—Editorial in *GP* 32:5, November, 1965.

Countershock, Xylocaine and Quinidine in the Treatment of Digitalis Toxicity

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EDWARD F. STEINMETZ, M.D.
CHARLES FISCH, M.D.
*Indianapolis**

ELECTRICAL SHOCK as a means of cardiac therapy was first suggested as early as 1775.[1] In 1937,[2] the open chest application of electrical shock for the conversion of fibrillation established the method as a clinical tool. In 1952, largely through the work of Zoll,[3] the closed chest method became feasible. Currently, both direct and alternating current electroshock are utilized for the conversion of many types of arrhythmias.

Clinically, the most serious arrhythmias encountered are those of tachycardia or fibrillation of ventricular origin. It is in these arrhythmias, which erupt spontaneously, that electroshock can be lifesaving. However, the use of countershock in the conversion of ventricular arrhythmias that have been drug-induced is open to question. As long as the arrhythmic-inducing drug is present in sufficient concentration, the temporary total cardiac depolarization resulting from electroshock may not permanently eliminate the arrhythmia. One can assume that the drug-initiated, rapid firing ventricular pacemaker will once again start up after the shock has dissipated.

The purpose of this study was to determine the effect of external direct current countershock on dogs in which the arrhythmias were elicited by digitalis.

Method

Male mongrel dogs weighing 10 to 16 kg. were anesthetized with intravenous sodium pentobarbital (30 mg/kg) and the trachea intubated for respiratory control with a Harvard respirator set at a rate of 12 to 18 respirations per minute and with a tidal volume of 300-500 cc. of room air. Blood pressure was recorded from the femoral artery through a catheter connected to a Statham transducer. Electrodes were acutely implanted on the epicardial surface of the right atrium and ventricle, and in some animals, an additional lead was introduced into the right atrium through the right external jugular vein. After implantation of the electrodes, the chest was closed, but artificial ventilation was continued throughout the experiment. The recording apparatus was an Electronics for Medicine eight trace switched beam oscilloscope.

The animals were separated into two groups and studied as follows:

In Group 1, consisting of eight dogs, after control recordings, acetyl strophanthidin was administered intravenously at a rate which varied from 0.05 mg. every 30 seconds to 0.05 mg. every two minutes until ventricular tachycardia appeared. (If untreated, the ventricular tachycardia usually persisted for approximately 15 to 30 minutes.) Conversion of the arrhythmia was attempted at that point by utilizing a synchronized direct current capacitor discharge of 50 to 300 watt-second power using the American Optical Company's Cardioverter.

In Group 2, consisting of fifteen dogs, after control recordings, an infusion of oua-

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Supported by the Herman C. Krannert Fund, the Indiana Heart Association, and (in part) by the U. S. Public Health Training Grant 5363 and (in part) with facilities provided by Cardiovascular Clinical Research Grant H-6308 from the National Heart Institute.

Work done during Dr. Lord's tenure as a trainee of the National Heart Institute.

RESULTS OBTAINED IN GROUP 1 DOGS WITH D.C. SHOCK FOLLOWING INTOXICATION WITH ACETYL STROPHANTHIDIN

			ATTEMPT 1		ATTEMPT 2		ATTEMPT 3		ATTEMPT 4	
DOG #	WGT. IN KG.	ACETYL STROPHANTHIDIN IN MG. TO V.T.	WATT SECONDS	EFFECT	WATT SECONDS	EFFECT	WATT SECONDS	EFFECT	WATT SECONDS	EFFECT
1	15	1.0	100x3	V.T.'						
2	10	1.2	50x2	None	75x2	None	100	None		
3	11	0.95	25	None	50x3	V.T.' followed by asystole				
4	11	0.60	50	None	75	None	100x3	Conversion third attempt	200x3*	None
5	11	0.75	50	None	100	None	200	None		
6	11	0.70	75	None	100	None	200	V.T.'	300	None
7	11	0.70	50	None	100	None	200	V.T.'		
8	11	0.80	50	None	100x2	V.T.'	200	V.T.'	300	None

The number following the shock intensities (in watt/sec.) represents the number of times the shocks were applied at that intensity.
V.T. = Ventricular tachycardia.
V.T.' = Ventricular tachycardia showing different configuration after shock.
* = After additional digitalis.

TABLE I

bain (1:400,000) in isotonic saline was started at a rate which varied from animal to animal (0.15 to 0.20 ug of ouabain/kg/minute), the end point being the development of ectopic tachycardia or interference dissociation. At this point, conversion of the arrhythmia was attempted as in Group 1 animals. Failure of D. C. conversion in the group was then followed by intravenous injection of 40 to 80 mg. of Xylocaine Hcl and/or Quinidine Gluconate.

Results

A. Group 1.

The results of all the experiments are summarized in Table 1 and representative electrocardiographic tracings are reproduced in Figure 1. Cardioversion failed to terminate or even interrupt the ventricular tachycardia in 33 of the 34 attempts. Ventricular tachycardia in dog #4 was terminated after the fifth countershock with an impulse of 100 watt-seconds, 30 minutes after the last dose of acetyl strophanthidin. Following additional acetyl strophanthidin, ventricular tachycardia again appeared but this time failed to respond to three shocks of 200 watt-seconds. (See Discussion).

In five dogs (#1, 3, 6, 7 and 8) the ventricular tachycardia persisted following the shock but the QRS complexes assumed a different configuration (Figure 1). This altered pattern reverted to the original (preshock) QRS configuration after a period varying from a few seconds to a few minutes.

In dog #3, fatal asystole developed three seconds after the third 50 watt-second countershock.

B. Group 2.

Representative results obtained from the group of experimental animals are illustrated by the tracings reproduced in Figures 2-5. Consistently, shocks ranging from 50 to 300 joules never converted an ouabain-induced arrhythmia to a sinus rhythm. In Figure 2, Section A includes the control tracings and Section B includes tracings recorded following the infusion of ouabain and the production of toxicity. At the arrow (Figure 2-C) direct current shock was applied with an intensity of 200 watt-seconds; the ventricular tachycardia per-

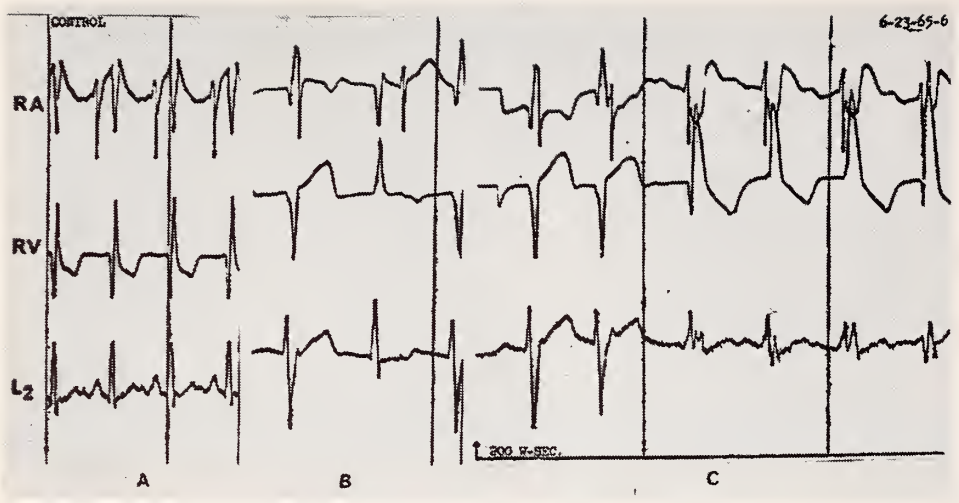


FIGURE 1

THE control tracings (A), during acetyl strophanthidin toxicity (B), and after D. C. countershock (C) show the bipolar electrograms taken from electrodes implanted on the epicardial surface of the right atrium (RA) and right ventricle (RV). L_2 is the standard limb lead II. The arrhythmia induced was not reverted by the countershock but the pattern of ventricular complexes changed secondary to the shock. (Paper speed is 50 mm/sec.)

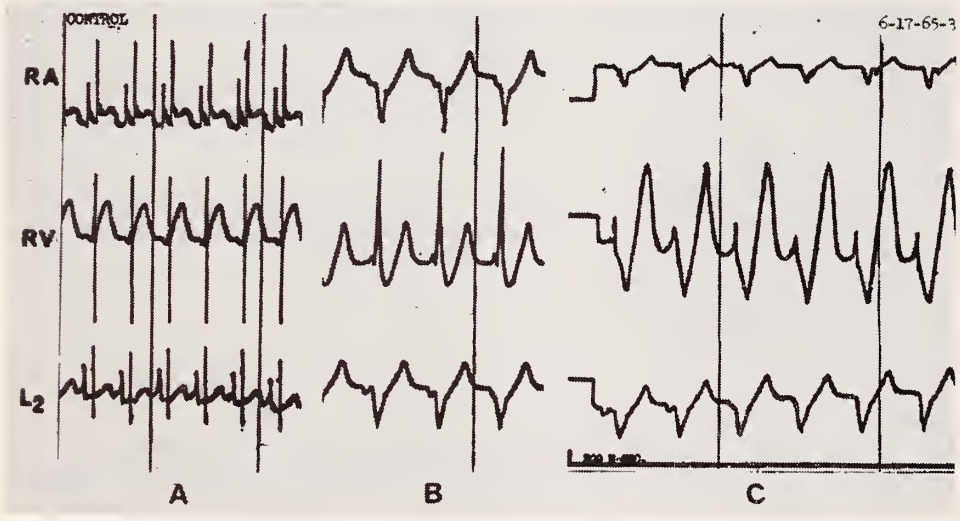


FIGURE 2

LETTERING of the electrograms and ECG tracings is the same as for Figure 1. Section A is the control tracing. Section B depicts the arrhythmia during ouabain infusion and prior to a 200 watt/sec. shock. After application of the shock (section C) the arrhythmia persisted.

sisted with failure to convert to a sinus rhythm. In fact, electroshock at a time of digitalis toxicity can be potentially dangerous as illustrated in Figure 3. A shock of 300 watt-seconds resulted in ventricular fibrillation (Figure 3-A) which was terminated by a second shock of the same intensity (Figure 3-B). The digitalis-induced arrhythmia again became evident on termination of the fibrillation.

Although countershock failed to terminate the digitalis-induced arrhythmias, the intravenous administration of Xylocaine always restored the heart to a sinus rhythm. However, the conversion of digitalis-induced arrhythmias with Quinidine was not a consistent finding, being effective in only 50% of the animals studied. An illustrative example of a successful Quinidine conversion following an unsuccessful electroshock conversion is depicted in Figure 4. The dog from which these tracings were obtained had received a 300 joule shock which did not convert the tachycardia induced by ouabain. Toxicity is evident (left of arrow) and two minutes prior to the point marked by the arrow, an intravenous injection of Quinidine (80 mg.) was administered. The emergence of a sinus rhythm is evident at the point indicated by the arrow. Prior to the Quinidine conversion, the atrial and ventricular rates were 120 and 160 beats per minute, respectively. At conversion, the rates were 160 beats per minute. Hence, Quinidine increased the atrial rate and captured the ventricles. In other animals with successful Quinidine conversions, there were decreases in the ventricular rate concomitant with the atrial increases, resulting in a 1:1 rhythm.

To clearly delineate the difference between a Quinidine and Xylocaine reversion, the same animal was allowed to dissipate the Quinidine and exhibit evidence of ouabain toxicity once again. At that point Xylocaine was administered. The results are shown in Figure 5. Toxicity is evident (left

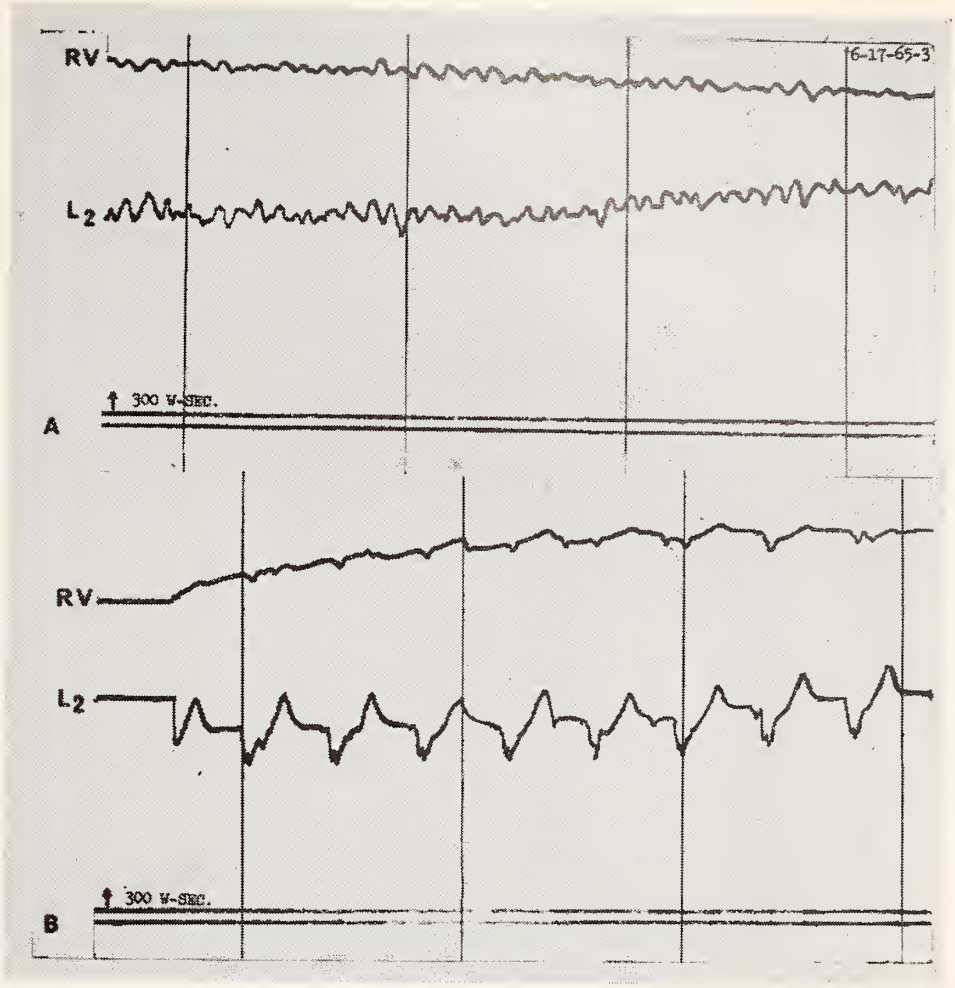


FIGURE 3

THE TRACINGS in this figure were taken from the same experiments as in Figure 2. A shock of 300 watt/sec. resulted in ventricular fibrillation (strip A). A second shock of the same intensity terminated the fibrillation, and the ouabain-induced tachycardia is again visible (strip B). In the figure, only Lead II (L_2) and the electrogram from the right ventricle (RV) are shown. (Paper speed is 50 mm/sec.; time lines at intervals of 1 sec.)

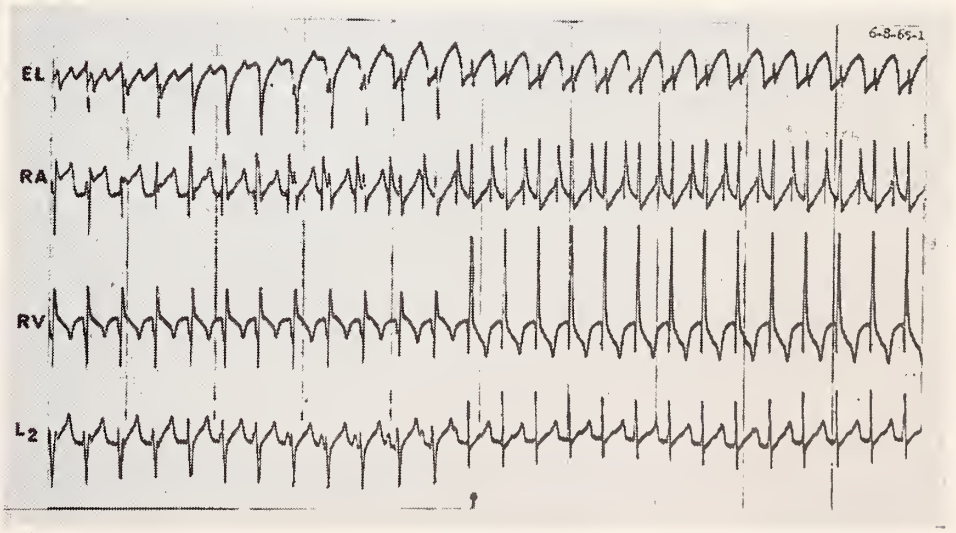


FIGURE 4

OUABAIN toxicity is evident in the tracing left of the point marked by the arrow. Conversion to a sinus rhythm (indicated by the arrow) occurred two minutes after the intravenous administration of Quinidine (80 mg.). Trace labeled E. L. was recorded through an intracavitary lead (unipolar) placed in the right atrium. Bipolar electrograms from leads acutely implanted on the epicardial surface are recorded from right atrium (RA) and right ventricle (RV). L_2 is the standard lead II. (Paper speed is 25 mm/sec.; time lines at intervals of 1 sec.)

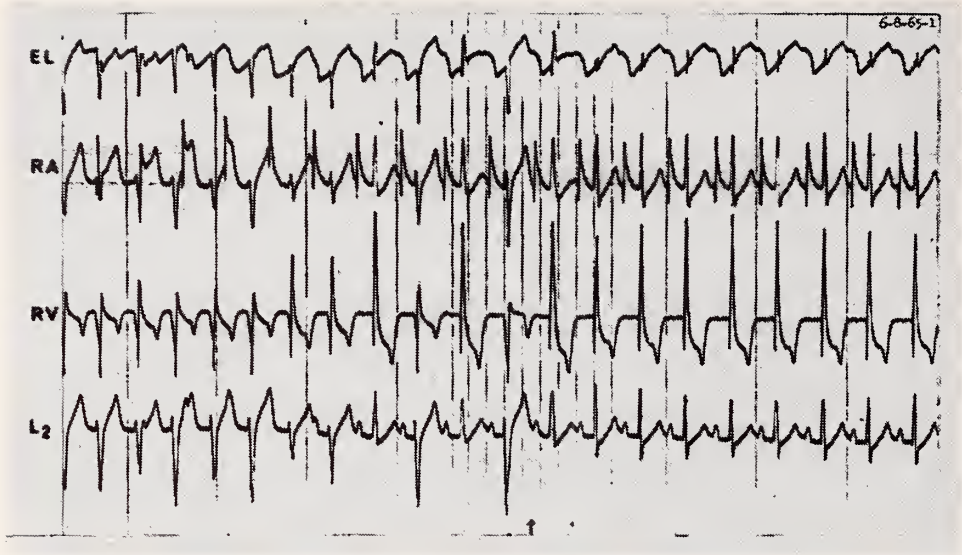


FIGURE 5
ALL the traces are taken from the same experiment as in Figure 4. The arrow indicates the time of conversion due to the intravenous administration of Xylocaine (40 mg.). Time lines in the vicinity of the arrow were temporarily changed to intervals of 0.2 seconds.

of arrow) and 47 seconds after injection of Xylocaine (40 mg. I.V.), the ventricular rhythm reverted to one of sinus origin. Just prior to the Xylocaine injection, the atrial and ventricular rates were 120 and 150 beats per minute, respectively. On conversion, the rate was 120 beats per minute, hence Xylocaine depressed the ventricular rate to permit a sinus capture. The reversion of a digitalis-induced tachycardia by Xylocaine was a consistent finding and in all cases, the ventricular rate was decreased while the atrial rate remained unaffected.

Discussion

The results from the present study indicate that countershock is *not* of value in the treatment of digitalis-induced ectopic tachycardias. In fact, it is potentially dangerous, since a frequent result of electroshock is ventricular fibrillation. However, Xylocaine, and at times Quinidine, will convert a digitalis-induced arrhythmia to a sinus rhythm: Quinidine apparently by increasing the *atrial* rate; Xylocaine essentially by depressing the *ventricular* rate. The increase in atrial rate due to Quinidine may be accompanied by a depression in ventricular rate. In either case, it affords the sinus node an opportunity to take over and again be the primary pacemaker area of the heart.

In contrast to the relative susceptibility of the sinoatrial node and atrial muscle tissue to digitalis, the specialized conducting system (His-Purkinje) has been found to be more sensitive to the digitalis glycosides.[4-6] A prominent effect of digitalis on the specialized conducting system relates to the cardiac property of automaticity. Digitalis enhances automaticity of these fibers as evidenced by an increase in ectopic activity[7,8] interrupting the sinus rhythm. These ectopic contractions characteristically increase in frequency and diversity of configuration (suggesting multiple foci), to the point of ectopic rhythmicity dominating the cardiac rhythm. The source of these ectopic rhythms has been demonstrated[7] to reside in the specialized conducting system. A progressively increasing rate of diastolic depolarization has also been noted, at a time when the ventricular muscle showed no change in its action potential configuration.[4] Furthermore, the very essence of a digitalis-induced tachycardia lies in the enhanced automaticity of the ventricular site and its perpetuation is dependent upon that site remaining more rapid than the sinoatrial pacemaker. It has been suggested that conversion by countershock is dependent upon two factors: first, that the stimulus which initates the ectopic rhythm is suppressed; and, second, that the sinoatrial node will resume pacemaking activity.[9] A temporary, instantaneous depolarization of the heart by countershock would, therefore, not be expected to be successful in the continuous presence of digitalis since the ectopic focus would again become the dominant pacemaker. In fact, the presence of more than one pacemaker site with enhanced automaticity due to a toxic dose of digitalis is suggested by the change in the configura-

tion of the ventricular complex following the electroshock. Countershock suppressed the original ventricular focus and allowed a pacemaker located in a different Purkinje fiber to become dominant, resulting in alteration of the morphology of the QRS complex (Figure 1). The present results are in keeping with the foregoing and indicate that digitalis-induced ventricular tachycardia cannot be abolished by D. C. countershock. Special mention should be made of the one case in which the ventricular tachycardia reverted (Table 1, Dog #4) to a sinus rhythm. This occurred on the fifth attempt at conversion using 100 watt-seconds. However, the success of this conversion is questionable since it occurred 30 minutes after the last dose of acetyl strophanthidin was administered. Previous work in this laboratory has shown that ventricular tachycardias induced by acetyl strophanthidin will break spontaneously at approximately this time. Furthermore, analysis of the preshock record showed that the auricular and ventricular rates were 150 and 160 beats per minute, respectively. Hence, with the supraventricular pacemaker rate approaching the ventricular so closely, one might anticipate captures. At that point the animal was shocked and the sinus rate accelerated to 170 beats per minute, thereby allowing the sinus to control the ventricles and eliciting the conversion. In addition, when the animal was reintoxicated, further attempts at conversion (up to 200 watt-seconds) were unsuccessful.

The mechanism of the Quinidine action appears to be contradictory to its well known activity as an antifibrillatory agent. Perhaps the sympathomimetic activity following the vagolytic and hypotensive action of Quinidine effected the increase in sinus rate. It is interesting to speculate that Quinidine itself, or in combination with catecholamines, can enhance automaticity of the sinoatrial nodal cells as well as induce pacemaker activity in the automatic cells of the atria. In any event the electrophysiological activity of this antiarrhythmic agent needs re-evaluation.

The present study does not permit the assessment of the antiarrhythmic properties of Xylocaine. Since, in all cases, the drug depressed the ventricular rate, one might assume that it acts to depress the automaticity of the specialized conducting system.

In assessing the efficacy and efficiency of countershock conversion, some observers have accepted an immediate but quite brief interval of 1/1 sinoventricular association as evidence of conversion. In our experiments, however, the temptation to employ a criterion of such questionable merit did not present itself. Countershock had no effect on digitalis-induced ectopic arrhythmias; while Xylocaine administration, and frequently Quinidine, were associated with conversion to a sinus rhythm. The reverted rhythm persisted for at least two minutes in each case when the digitalis was being concurrently infused with the converting agent. However, where the digitalis infusion was discontinued at the time of Quinidine or Xylocaine administration, the conversion which followed persisted from 5 to 15 minutes—the actual duration depending upon the degree of digitalis toxicity.

Summary

Repeated countershocks ranging from 50 to 300 joules in intensity were attempted in 23 dogs intoxicated with digitalis. In all cases, the countershock failed to terminate or even interrupt the ventricular arrhythmia. However, the intravenous infusion of 40 to 80 mg. of Xylocaine, and frequently Quinidine, was efficacious in restoring the heart to a regular sinus or supraventricular rhythm. It is concluded that D.C. countershock is not of clinical value in terminating a digitalis-induced ventricular arrhythmia.

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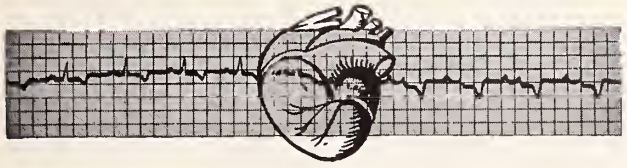
From *The Journal* 50 Years Ago

. . . It strikes me that there is a good deal of exaggeration concerning the value of tinted lenses. I think this is brought about very largely by the attitude of the optician and the spectacle vender, who use the tinted lenses as a sort of cure-all for various affections, and it has a psychologic effect upon the public. I do not believe that a tinted lens has any more than a limited use in the hands of the skillful ophthalmologist. In other words, I believe that a majority of cases of sensitivity to light, or photophobia, have a foundation that requires our most careful consideration, not alone so far as pertains to the correction of errors of refraction, but the correction of various anomalies requiring general treatment.

* * * *

Many of these cases of photophobia as well as asthenopis are due to faulty corrections of errors of refraction. On the other hand, there are a great many of these conditions which require the attention of a good medical man. A tinted lens may be necessary following the use of a cycloplegic or a mydriatic, or for use in certain occupations like welding and glass blowing, and should be employed, but in a large percentage of the cases in which the colored lens apparently has produced relief there is a deeper cause, which we, as scientific men, ought to determine.—Dr. A. E. Bulson, Jr., discussing Dr. Fred M. Ruby's article on "The Use and Misuse of the Tinted Lens in Refraction," *JISMA*, February, 1916.

Electrocardiogram
of the month



Presented as a regular feature of The JOURNAL, Electrocardiogram of the Month is a series of short talks on cardiovascular diagnosis and treatment, edited by the staff of the Krannert Heart Research Institute, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis.

Paroxysmal Atrial Tachycardia (PAT) with Block (2)

CHARLES FISCH, M.D.
Indianapolis

THE characteristics as well as the difficulties in the diagnosis of PAT were outlined in last month's "ECG of the Month."

Figure 1 represents the problem in diagnosis of PAT with 2:1 block when one of the P waves is hidden in the preceding T wave. This tracing was recorded in a patient with severe pulmonary insufficiency, manifested by hypoxia and hypercarbia. He was treated with digitalis.

Figure 1 represents tracings taken on two different days. The ECG recorded on 11-22-65 demonstrates a right bundle branch block which accounts for the marked aberration of the QRS complex. Only one P wave, inverted in leads II, III and AVF with a P-R interval of .20 seconds and a regular rate of 120 per minute is seen. The initial impression is that of an AV nodal tachy-

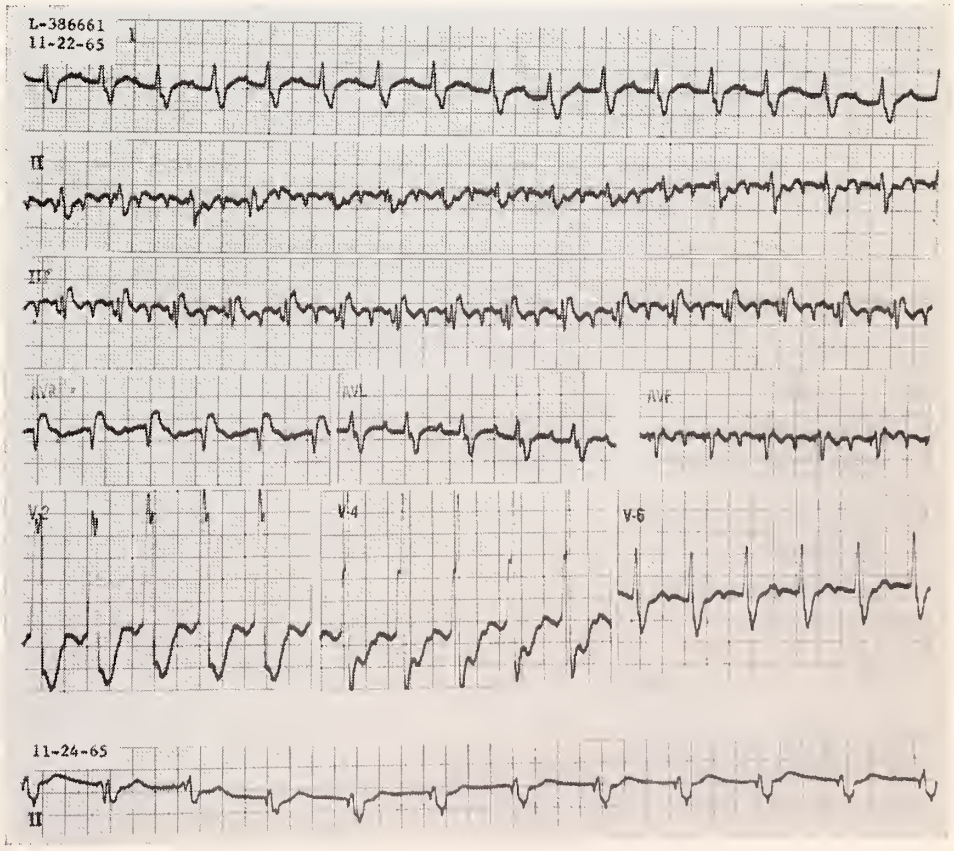


FIGURE 1
PAT with 2:1 AV block (11-22-65) and AV nodal rhythm (11-24-65).

cardia with first degree retrograde AV block.

Careful examination of the beginning of lead II, however, disclosed an irregularity of the first three ventricular complexes. This irregularity was sufficient to unmask six consecutive P waves at a rate of 240 per minute indicating that the basic mechanism is in reality a PAT with 2:1 AV block and a ventricular rate of 120. Had it not been for this short strip in lead II, the presence of PAT with 2:1 block would not have been suspected because the nonconducted P waves were obscured by the QRS.

The ECG taken on 11-24-65 discloses a regular ventricular rate of 83. The QRS morphology is that of a RBBB similar to that recorded in lead II on 11-22-65. No P waves are visible. The diagnosis is one of AV nodal rhythm with either atrial standstill or a very fine atrial fibrillation. ◄

Pharmacogenetics—New Prescribing Aid?

We have known for a long time that unsuspected differences among men come to light when they are challenged by certain drugs. What the cause of these differences may be is now coming to light as a result of progress in cellular and molecular biology and physiology which has begun to reveal that these differences are really the result of hereditary variations.

In consequence, a new discipline is evolving in medicine termed pharmacogenetics. It may be expected that it should help the physician in choosing the right drug and in the proper dosage for each individual and help to define more sharply the limits of safety and effectiveness of many drugs both new and old.—L. H. Nahum, M.D., *Connecticut Medicine,* 28:12, Dec., 1964.



Taking an ECG?

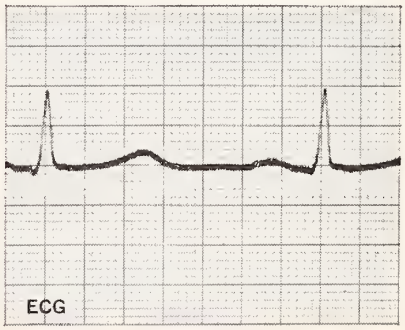
Complete** the clinical picture with **a heart sound recording

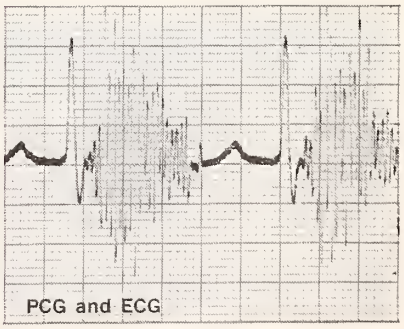
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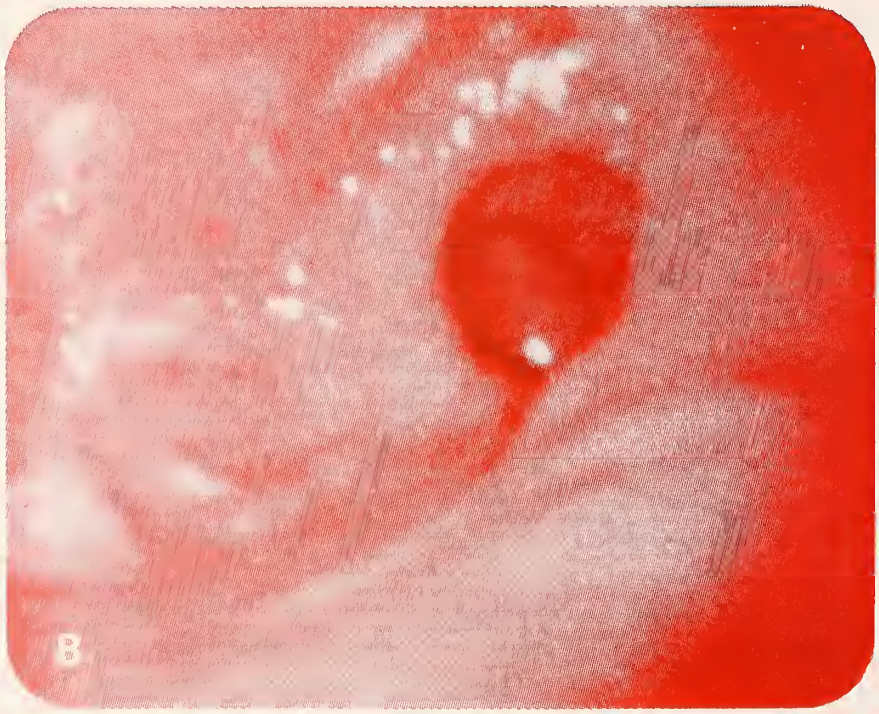
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Which Is Pyloroplasty with Vagotomy?
Which Is Pro-Banthine?



Photographs—Harry Barowsky, M.D., Lawrence Greene, M.D., and Robert Bennett, M.D., from a Scientific Exhibit presented at the Annual Meeting of the American College of Gastroenterology, Bar Harbour, Florida, Oct. 24-27, 1965.

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SEARLE

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Devoted to the interests of the medical profession of Indiana

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R. S. Saylor Retires from Blue Shield

MR. R. S. SAYLOR has retired as executive vice-president of Indiana Blue Shield. His tenure in that office practically coincided with the lifespan of our Blue Shield Plan; its outstanding success and the services it has rendered to millions of Hoosiers may be attributed in part to his wisdom and energy.

Mr. Saylor came to Indiana Blue Shield in 1947, shortly after its organization, after having worked with Wisconsin Blue Cross and Milwaukee County Surgical Care Plan for seven years. When he joined us there were 141,293 members; now 1,562,133 Hoosiers are protected.

"Rusty" has been active, not only in the Indiana plan, but has participated in the activities of the National Association of Blue Shield Plans. He was vice-president of the national association at the time of his retirement; a member of the executive committee and a number of other committees. He was also a dedicated worker on the Indiana Health Care Council and served on the Joint Committee for the Improvement of Patient Care in Indiana.

He is retired from active management but will be available for special consultation. Mr. Richard C. Kilborn, who has been with Indiana Blue Shield since 1955 and who has been Rusty's principal assistant since 1958, is now executive vice-president.

Mr. Kilborn paid tribute as follows to Mr. Saylor at a recent Blue Cross-Blue Shield banquet—"Mr. Saylor practically started from scratch and built Indiana Blue Shield into what is considered one of the best plans in the country. He has built our membership from a handful of people to over an million-and-a-half members. He started with a handful of dollars and built Blue Shield into a fiscal giant with assets in excess of $14 million. He began with a handful of employees and built an efficient 75-employee operation. He taught each one of us our responsibility to our membership and the medical profession. Is it any wonder that he has gained such great respect and loyalty from us all?"

The medical profession of Indiana and the Blue Shield membership in Indiana owe a special debt of gratitude to Mr. Saylor. We all wish him an active, happy and rewarding retirement.

Guest Editorial

Problems, Problems, Problems

IT IS DIFFICULT to organize one's thoughts in the face of the disruptive, destructive and confusing trends of thought loose upon the world today—trends of thought engendered by the Medicare Law and by the President's Commission on Heart Disease, Cancer and Stroke.

The situation approaches a national schizophrenia. The great question is though: Who's schizophrenic, the doctors, the public or the government? Perhaps each is in some degree; the doctors for failure, individually and in sufficient numbers, to recognize and react realistically to this great public surge; the public for demonstrating such unrealistic demands; and the government for attempting to implement these unrealistic demands by legislation which attempts to legislate human heartfelt feelings.

This was pointed out rather clearly 2,000 years ago by the originator of The Great Society when He demonstrated that man's concern for his brother was not implemented by power, riches, man-made laws, taxes, economic security or by any of the power structure instruments that man devises—but by simple Christian realistic concern between individuals motivated by faith in God and in each other. This demonstration seemed to cost Him His life in a violent end, but we have been celebrating His birth, life, death and resurrection for 2,000 years now. I know of no other person or life that has been so universally celebrated by so many people for so long a time. There must have been something to His demonstration.

So, perhaps, if we could keep our thinking simple when it concerns relating ourselves to other people—even our professional brethren, our patients and the public—we will be able to think more clearly and thus be more effective in our actions.

It is not implied that the body of knowledge involved in the practice of medicine is simple; it is anything but simple and in fact, has become so complicated and voluminous that it is now beyond the capacity of any single human brain to comprehend and retain. It is this fact that makes it grimly necessary and imperative that we understand each other and ourselves, and have faith in each other as doctors and citizens.

It is only our relationships with each other that need remain simple. It is our relationships with each other that must be undergirded by a lot of faith in ourselves, each other and God.

Perhaps the confusing thing is in not separating the problems of knowledge and the problems of our relationships with each other. Then let us get with some of the things that are involved in our relationships with each other as doctors and as people with people.

The first and most basic assumption to promote clearer thinking—this may seem startling to some and trite to others, but I ask you to think it over—is that a doctor never cured anything. His main role is to assist his patient to help himself.

This may be challenged by the surgeon who removes an inflamed appendix, by the cardiovascular team that repairs a leaking valve, by the internist who treats coronary occlusion, but it must be admitted that these procedures only assist the patient in helping himself. If he did not have great faith in the procedure, if he did not have faith in his doctors, if he did not have the willingness to help himself and the courage to assume the risk involved, he would never get the advantage offered by the medical treatment.

This concept certainly simplifies and uncomplicates many of the relationships of a doctor with his patient and even the relationships between doctors sometimes. It is the concept that most realistically represents the doctor-patient relationship and the doctor-community relationship.

It puts a grave responsibility on the doctor to be informed and to realistically apprise his patient and community of what his information means to them. More problems

arise from the patient's unrealistic expectation of a cure and from the doctors and politicians who lead the patient to think that he can be cured, than from any other single aspect of medicine.

The doctor assists and guides, but the patient and Providence cures or improves the patient. This is a simple concept. It is compatable with Christian principles. It is not new, but has been buried in the pride of advances in medicine. It should be emphasized in everything we do.

The second concept to remember is that anger is aroused, at least in part, by situations with which we are unfamiliar. To most of us, the Medicare Bill (PL 89-97) produces a reaction of anger. Therefore, it must touch on areas in which we lack experience. No one person can be experienced in all matters. We must all accept the experience of others in areas in which we are lacking, or else seclude ourselves in an uncomfortable and non-constructive effort.

The third stage in endeavoring to think clearly about present problems is to select the person whose word may be accepted on matters in which we are inexperienced. This should be accomplished by recognizing one's own inexperience, by acknowledging those persons who have had the necessary experience, and by selecting the one person as an adviser who proves his worth and sincerity by virtue of action in other areas. By this method it is possible to evaluate the sincerity and integrity of people whose experience is greater than ours.

Sincerity is generally demonstrated by personal willingness to translate exposition into action. The sincerity of those who expound but do not act is always doubtful.

To sum up then, problems are only problems when they are linked to our defenses for inadequate experience. We must assess our experiences and defenses and accept the experiences of others unless we wish to enclose ourselves in a limited, barren, nonproductive conceptual corral. We can evaluate our advisers on the basis of areas in which our experiences are common and on the basis of demonstration of personal action.

In this manner and on this basis our concern for and relationships with each other as doctors and people may remain simple, Christian and uncomplicated, and above all, more informed and less beset with problems. —Robert P. Acher, M.D., Greensburg.

Editorial Notes . . .

Eleven hundred persons lost their lives in 1964 from accidents while riding motorcycles, motorscooters and motorbikes. The Public Health Service reports that motorcycle registrations have doubled in the past five years; there are over one million registered now. A high percentage of the 1,100 deaths were due to head injuries. Many of the injured persons were not wearing safety helmets. PHS recommends a safety helmet for all motorcycle riders.

The Federal Aviation Agency proposes to amend its regulations to prohibit a crewmember from active flight duty within eight hours after consumption of any alcoholic beverage, while under the influence of alcohol or while using any drug that affects his faculties. Measurable blood alcohol has been found in a number of autopsies performed on pilots in command who were fatally injured in air crashes. It is possible that the use of alcohol has contributed to the cause of a number of accidents. The old regulations excluded a crewmember under the influence of intoxicating liquor, but did not prohibit drinking by crewmembers before or during flight.

The American Academy of Pediatrics and the American College of Chest Physicians recently issued a joint statement in support of the routine testing for tuberculosis of all children between the ages of six and 12 months, and preferably before the child is vaccinated against measles or smallpox. Repeat tests are recommended annually up to four years of age and thereafter, every two years. Reasons: Childhood tuberculosis is still prevalent and treatment of children with isoniazid is especially effective. ◄

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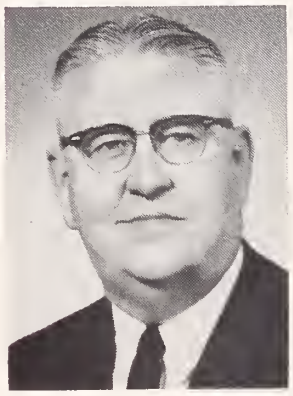
Formula: Each 'Dexamyl' Spansule® (brand of sustained release capsule) No. 1 contains 10 mg. of Dexedrine® (brand of dextroamphetamine sulfate) and 1 gr. of amobarbital, derivative of barbituric acid [Warning, may be habit forming]. Each 'Dexamyl' *Spansule* capsule No. 2 contains 15 mg. of Dexedrine (brand of dextroamphetamine sulfate) and 1½ gr. of amobarbital [Warning, may be habit forming].

Principal cautions and side effects: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Insomnia, excitability and increased motor activity are infrequent and ordinarily mild. *Before prescribing, see SK&F product Prescribing Information. Smith Kline & French Laboratories, Philadelphia* SK&F



President's Page

A recent advertisement in a magazine was introduced by the comment—"The 'pie in the sky' is LEMON." This has been brought home to many wage earners beginning in January, 1966, when the increased Social Security taxes for Medicare went into effect. One patient told me in mid-January that it was a good thing that there were two tax decreases in the past two years because his take-home pay is less now than it was before. When I told him there were more Medicare and Social Security taxes in store for him with even less take-home pay in the future, he was understandably upset. I believe it is our duty to point out to our patients that indeed the "free pie in the sky" is neither free nor sweet, but very expensive and very sour.



At this writing, late in January, regulations still have not been issued from HEW on Public Law 89-97 (Medicare). A few preliminary and proposed regulations have been printed, and if other regulations are in the same general tenor, we are in for much more trouble than we ever imagined when July 1st arrives. It is apparent the regulations often supersede or change the intent of the law.

As soon as final regulations are received from HEW on Medicare, your Association plans to have a conference for all county medical society officers to review the program. In the interim, frequent mailings are going to the secretary and president of each county society with pertinent information as soon as it becomes available. Ask to have these mailings reviewed at your county medical society meeting.

By now all of you have received a mailing on the Income Replacement Program that was approved by the 1965 House of Delegates of the ISMA following careful study by the Commission on Medical Economics and Insurance. This study and final approval came after many requests from members to develop such a program.

R. O. Neumann M. D.

2½-3 times more potent than papaverine with a longer duration of action

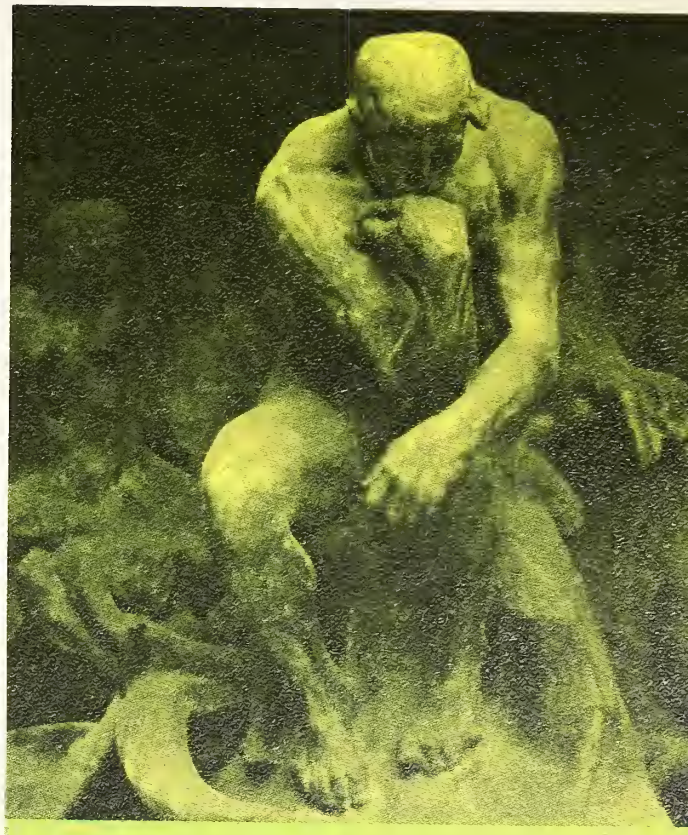
NON-NARCOTIC

SPACOLIN™

(Alverine citrate)

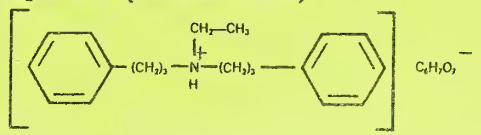
is a potent smooth muscle antispasmodic particularly effective in relieving spastic colon* and spasm of the biliary tract.

*"The diagnosis is based upon a history of catharsis or enema habit, dietary indiscretion or emotional strain, generalized or lower abdominal distress of the type described, abnormality of the bowel movement and tenderness along the course of the colon." *Cecil and Loeb, A Textbook of Medicine, Tenth Edition*

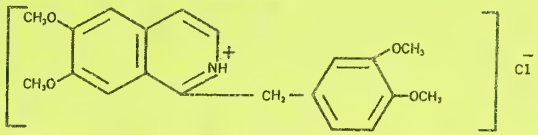


The chemical structures of Spacolin, Papaverine and Atropine are as follows:

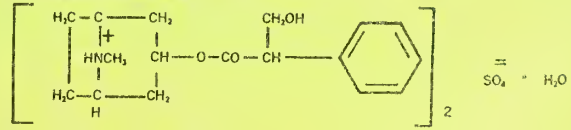
Spacolin (Alverine citrate)



Papaverine Hydrochloride



Atropine Sulfate



SPACOLIN™ *(Alverine citrate)*

- A specific musculotropic counter-spasmodic.
- NOT an anticholinergic, therefore, has no atropine-like side effects.
- In man, its spasmolytic effect is two and one/half to three times stronger than papaverine with a longer duration of action.
- Neurotropic effect only 1/150 that of atropine.
- Has little or no effect on normal muscle tonicity and motility.
- Specific effect on the *sphincter of Oddi.*
- Mild local anesthetic effect and decreases gastric acidity.



NON-NARCOTIC



For fast relief of spasm

PRODUCT INFORMATION

Each tablet contains: Alverine citrate (Bis-gamma-phenylpropylethylamine citrate) 120 mg.

INDICATIONS: Smooth muscle spasmolytic for use in **spastic colon,** spastic conditions of the gastrointestinal tract, biliary dyskinesia, cholecystitis, spasm associated with peptic ulcer†, cardiospasm, pylorospasm, spasm attendant to diarrhea, spastic conditions of the genitourinary tract attributable to inflammation and calculi, certain primary dysmenorrheas and as an aid in cystoscopic, esophagoscopic and gastroscopic examinations.

†Antacid and dietary measures are of primary importance in ulcer treatment and should not be neglected.

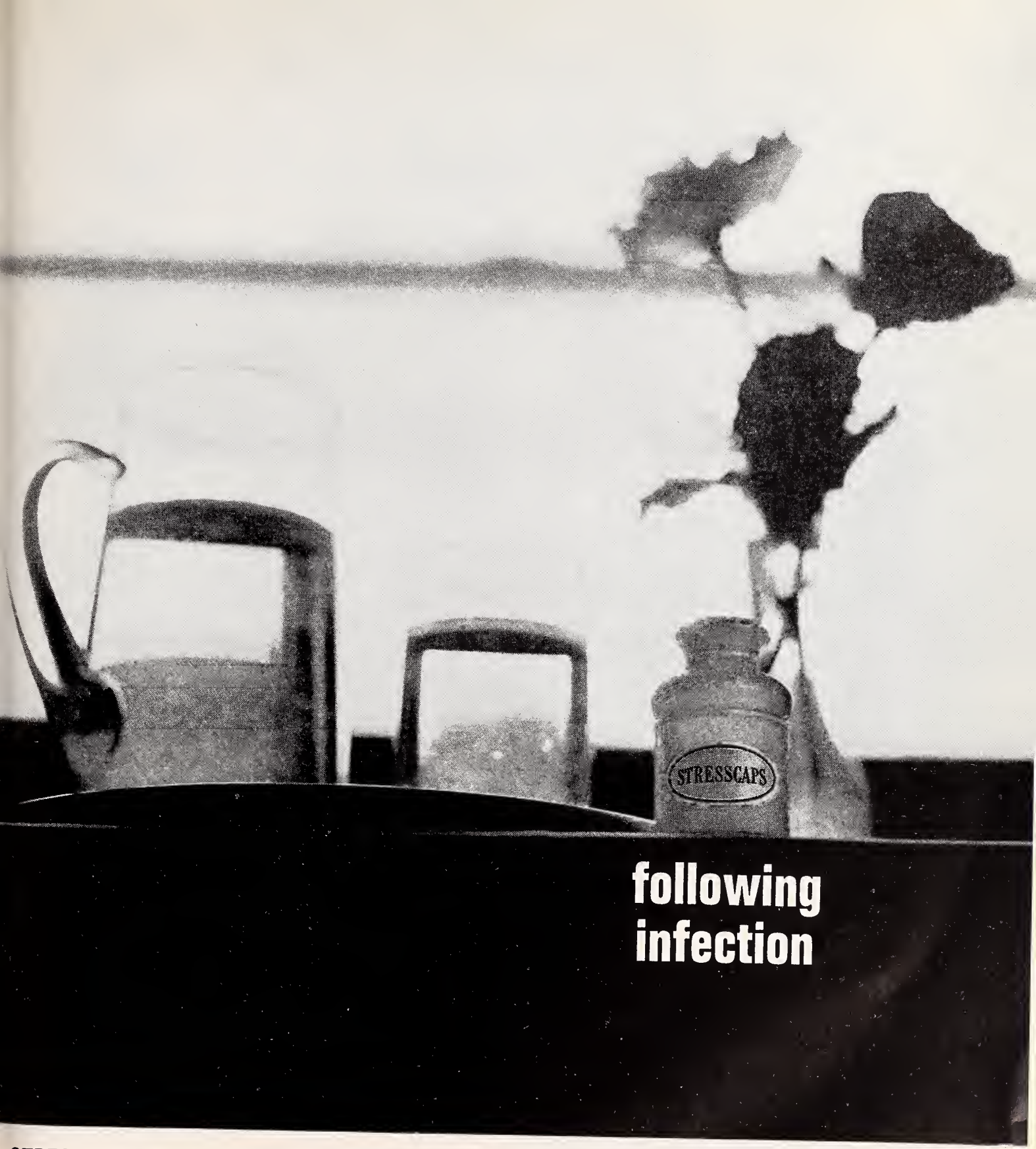
DOSAGE: One tablet after meals 1 to 3 times daily at discretion of physician. When treating spasm associated with peptic ulcer, cardiospasm or pylorospasm, administer tablets 1/2 hour before meals. In dysmenorrhea, one tablet 3 times daily starting at onset of discomfort.

PRECAUTION: Caution is recommended when using in hypotensive patients.

SIDE EFFECTS: In common with other smooth muscle depressants, Spacolin temporarily lowers blood pressure.

SUPPLIED: Bottles of 100 and 500 — 120 mg. tablets.

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STRESSCAPS B and C vitamins in therapeutic amounts... help the body mobilize defenses during convalescence... aid response to primary therapy. The patient with a severe infection, and many others undergoing physiologic stress, may benefit from STRESSCAPS.

STRESSCAPS®

Stress Formula Vitamins Lederle

FOR PROFESSIONAL RECOMMENDATION ONLY

Each capsule contains:	
Vitamin B_1 (as Thiamine Mononitrate)	10 mg.
Vitamin B_2 (Riboflavin)	10 mg.
Niacinamide	100 mg.
Vitamin C (Ascorbic Acid)	300 mg.
Vitamin B_6 (Pyridoxine HCl)	2 mg.
Vitamin B_{12} Crystalline	4 mcgm.
Calcium Pantothenate	20 mg.

Recommended intake: Adults, 1 capsule daily, for the treatment of vitamin deficiencies. Supplied in decorative "reminder" jars of 30 (one month's supply) and 100 (three months' supply).

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY Pearl River, N.Y.

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Lederle

The Woman's Auxiliary

REPORTS TO ISMA

George Bugbee, director of the Center for Health Administrative Studies of the University of Chicago, recently addressed the Woman's Auxiliary to the AMA and it was my privilege to hear him. He spoke of personnel shortage, inadequate staffing of hospitals and gave remedial suggestions.



The health field is the third largest industry in employment, preceded only by agriculture and construction. Medical care has never been more effective than it is today, with the public allocating a larger part of personal income to health expenditures. Growth in employment in the health field has been most welcome, since automation caused great unemployment. Employment of personnel in hospitals increased 70% during the same time other employment in the health field increased only 32%.

Severe shortages exist in professional employee classification. Problems of recruitment and proper pre-service education for the professional groups are most acute. With the increase in hospitalized population, the physician cares for more patients in institutional settings and is dependent on others with professional and technical training for successful care of these patients. The physician's time must be conserved for those aspects of medical care which make optimum use of his skills. Consuming duties, formerly performed by the doctor, are being transferred to nurses and specially trained professional and technical personnel.

The principal force leading to transfer of duties from the physician to paramedical groups has been necessity rather than a well-planned approach to patient care. Necessity has generated the need for practical nurses, operating technicians and nurses aides. Conflict in opinion of the function and proper education of these and other paramedical professions must be settled in negotiation with the medical profession. The paramedical professions must attain recognition and status before they can encourage recruitment of adequate manpower and demand for enough schools.

Pushing poorly-trained people into technical assignments beyond their competence can only be reflected in less satisfactory care. It becomes evermore the responsibility of the physician to assist in establishing educational requirements and recruitment. Statistics indicate we may lose about 600,000 capable young people this year who could continue their education and fill positions where shortages exist. There are many occupations available which require little or no training beyond high school as well as those which require college study. Fifty-one careers, listed by Indiana Health Careers, Inc., and covered in tabular form, are being offered the teen-aged individuals seeking a rewarding vocation in the health field. Many of the auxiliaries throughout your state are working on this project.

Ruth V. Dunstone

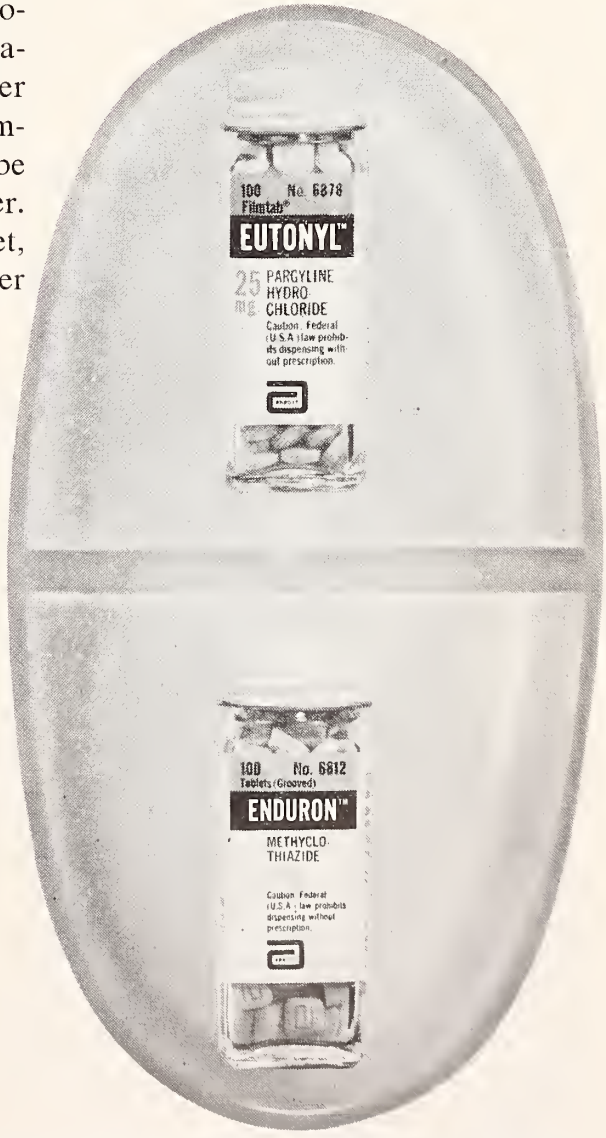
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EUTRON™

pargyline hydrochloride 25 mg. and methyclothiazide 5 mg.

for control of moderate to severe hypertension

Unique combination produces greater antihypertensive effect with lower doses

Eutron is the combination in a single tablet of 25 mg. Eutonyl (pargyline hydrochloride) and 5 mg. Enduron (methyclothiazide). This combination produces greater therapeutic effect than that of either component used alone. Side effects may be milder, too, as dosages are generally lower. The effective dosage is usually one tablet, once daily. Tablets are scored for greater dosage flexibility.



Each Eutron tablet contains two proven antihypertensives in the ratio shown to be most effective in most patients.

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New **EUTRON** extends your range of treatment in moderate to severe hypertension



A single product you can use even in the presence of congestive heart failure or edema

Eight out of 10 patients respond

In clinical trials, Eutron produced normotension or a significant reduction in blood pressure in eight out of 10 patients studied. The rationale for the product is this: Eutonyl used alone is a potent antihypertensive. Its antihypertensive action is markedly enhanced by Enduron, a potassium-sparing thiazide.[1,2,3] The combination (Eutron) thus produces greater antihypertensive effect with lower dosages of the Eutonyl component, and milder side effects may be seen.

512214

1. Torosdag, S., Schvartz, N., Fletcher, L., Fertig, H., Schwartz, M. S., Quan, R. F. B., and Bryant, J. M., Pargyline Hydrochloride as an Antihypertensive Agent With and Without A Thiazide, Am. J. Cardiol., 12:822, Dec., 1963.

2. Pollack, P. J., Pargyline Hydrochloride and Methyclothiazide Combined In The Treatment of Hypertension, Cur. Thera. Res., 7:10, Jan., 1965.

3. Bryant, J. M. et al., Antihypertensive Properties of Pargyline Hydrochloride, New Non-Hydrazine Monoamine Oxidase Inhibitor Compared with Sulphonamide Diuretics, J.A.M.A., 178; 406, Oct., 1961.



BP reductions in the recumbent and sitting positions often are nearly as great as in the standing. In clinical trials, the average *recumbent* BP reduction was 36/18 mm. Hg.



The average *standing* reduction in clinical trials was 45/22 mm. Hg. Thus the difference between the standing and recumbent readings was only 9/4 mm. Hg.

Significantly lowers blood pressure in all body positions; less likelihood of orthostatic hypotension

In clinical trials, the average reduction in standing blood pressure was 45/22 mm. Hg.; in the sitting position it was 48/20 mm. Hg.; and in the recumbent position, 36/18 mm. Hg.

Because Eutron effectively reduces blood pressure in all body positions, there is reduced likelihood of orthostatic symptoms or hypotension.

This was reflected in the relatively mild character of side effects seen in clinical trials (see below).

Smooth and gradual onset

Onset of antihypertensive action is usually quite smooth. Initial reduction of systolic and diastolic readings is usually seen within a week — maximum reduction in seven to ten days.



Less troublesome side effects may be seen; frequent improvement in "sense of well-being"

Fewer than 1% of patients studied discontinued Eutron therapy because of side effects. This is due in part to the relatively low dosage needed with the combination. Usual recommended dose is one tablet daily—that is, 25 mg. Eutonyl with 5 mg. Enduron. *This is about half the usual therapeutic dose of Eutonyl given alone.* As a consequence side effects may be milder. And, as with Eutonyl given alone, the patient may well note an increased sense of well being. This is in distinct contrast to most other antihypertensive therapy.

ABBOTT

Prescribing information for **EUTRON**

INDICATIONS: Eutron (pargyline hydrochloride and methyclothiazide) is indicated in the treatment of patients with moderate to severe hypertension, especially those with severe diastolic hypertension. It is not recommended for use in patients with mild or labile hypertension amenable to therapy with sedatives and/or thiazide diuretics alone.

CONTRAINDICATIONS: Eutron is contraindicated in patients with pheochromocytoma, advanced renal disease, paranoid schizophrenia and hyperthyroidism. Until further experience is gained it cannot be recommended for use in patients with malignant hypertension, children (under 12 years of age), or pregnant patients.

The concomitant use of the following is contraindicated: other monoamine oxidase inhibitors; parenteral forms of reserpine or guanethidine; sympathomimetic drugs; foods high in tyramine such as cheese; imipramine and amitriptyline, or similar antidepressants; methyldopa. A drug-free interval of two weeks should separate therapy and use of these agents.

WARNINGS: Pargyline hydrochloride is a monoamine oxidase inhibitor. Patients should be warned against eating cheese, and using alcohol, proprietary drugs or other medication without the knowledge of the physician. When it is necessary to administer alcohol, narcotics (notably meperidine), antihistamines, anesthetics, barbiturates and other hypnotics, sedatives, tranquilizers, or caffeine, these agents can be used cautiously at a dosage of ¼ to ⅕ the usual amount. Avoid parenteral administration where possible. Withdraw pargyline two weeks before elective surgery.

Patients should be warned about the possibility of postural orthostatic hypotension. Those with angina or other evidence of coronary disease should not increase physical activity. Pargyline may lower blood sugar. Potassium depletion is unlikely at the recommended dosage, but if it occurs, adjust dosage or withdraw or provide added natural food sources of potassium; potassium tablets should be avoided wherever possible, as bleeding or obstructive ulceration of the small bowel has been associated with their use; potassium levels should be especially watched if the patient is on digitalis or steroids, or if hepatic coma is impending.

PRECAUTIONS: When determining the antihypertensive effect of Eutron, blood pressure should be measured while the patient is *standing*. Use with caution in hyperactive or hyperexcitable persons. Such persons may show increased restlessness and agitation. Withdraw drug during acute febrile illness. Watch patients with impaired renal function for increasing drug effects or elevation of BUN and other evidence of progressive renal failure; withdraw drug if such alterations persist and progress. Pargyline has not been shown to cause damage to body organs or systems. As with all new drugs, complete blood counts, urinalyses, and liver function tests should be performed periodically. The drug should be used with caution in patients with liver dysfunction. With prolonged therapy, examine patients for change in color perception, visual fields, and fundi.

Elevated blood urea nitrogen, serum uric acid or blood sugar are possibilities attributable to the methyclothiazide in Eutron. Methyclothiazide may also reduce arterial response to pressor amines. Blood dyscrasias, including thrombocytopemia with purpura, agranulocytosis and aplastic anemia, have been seen with thiazide drugs.

SIDE EFFECTS: The use of pargyline may be associated with orthostatic hypotension. Mild constipation, slight edema, dry mouth, sweating, increased appetite, arthralgia, nausea and vomiting, headache, insomnia, difficulty in micturition, nightmares, impotence, delayed ejaculation, rash, and purpura have been encountered with pargyline. Hyperexcitability, increased neuromuscular activity (muscle twitching) and other extra-pyramidal symptoms have been reported. Drug fever is extremely rare. Congestive heart failure has been reported in a few patients with reduced cardiac reserve. Nocturia has been observed with the combination. If side effects persist, despite symptomatic therapy or reduction of the dose, discontinue the drug.

ABBOTT

512214

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what we would have done without Blue Cross Blue Shield."

When the crutches are finally put away and the man is back on the job, then's when you hear—"I don't know what we would have done without Blue Cross–Blue Shield."

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(One of a series of ads being used in key Hoosier newspapers)

Medicare and Utilization Review

ARTHUR E. HESS
*Baltimore, Md.**

THE occasion of this conference on utilization review affords an opportunity to further confer with you about the utilization review provisions of the health insurance program for the aged. I know you all share my conviction that it is vital to the successful implementation of the program to have informative and meaningful communication between those of us who are responsible for administering the program and individuals and organizations who will be affected by it or who have knowledge or experience to contribute to it. Experience since enactment of the health insurance legislation has repeatedly underscored the importance of such communication both for purposes of sound administrative planning and for conveying to all interested parties an understanding of the spirit in which the requirements of the law will be administered.

I am happy to say that effective lines of communication between the government and the medical profession have been established and that there has been and will continue to be a responsible and frank exchange of views. We are most appreciative of the discussions we are having with leaders of your profession. We are making good progress, thanks primarily to the substantial assistance we are getting from them in planning for sound policies under the program.

As this meeting indicates, utilization review programs in general, and the requirement for a utilization review plan under the hospital insurance law in particular, have become the subject of intense interest and deep professional concern. But it would be a great mistake—and far from the truth—if my presence and that of Dr. John Cashman in lead-off positions on this program were to suggest to the public that the great developments now taking place in the field of utilization review are simply a response to the passage of Medicare.

You and I know that the time is ripe for the nation's hospitals and nation's physicians to embrace, generally, what many hospitals and their medical staffs as well as a good many medical societies have already embraced individually. So I repeat, though the current emphasis may have been precipitated by Medicare, it is clear from all that has occurred in recent years that your profession has been moving in the same general direction—to give reassurance of professional concern for effective utilization to the total public and to all third-parties and to all public programs, including not just the Social Security hospital insurance provisions, but also Title XIX and other welfare provisions.

Quality Care and Utilization

At the base of it all is the individual physician's concern for his individual patient regardless of age or circumstance of payment. For, as I see the emerging concept of utilization review it has one compelling justification—it is the way in which doctors, working together and accountable to each other, can assure that each patient in the light of medical necessity will have fair access to and an optimum use of scarce and expensive facilities. If this is a correct assessment of the direction in which you as physicians and we as consumers are going to go together, then I see it as our responsibility in the Social Security Administration in implementing the new law to do everything possible to accommodate and encourage existing practices—however variable they may be—so long as they give promise, under professional direction, of assuring quality care to patients through sound utilization of hospital facilities and services.

I find in my travels about the country

* Director, Bureau of Health Insurance, Social Security Administration. For presentation to the Seventh Annual Medical Services Conference, American Medical Association, Philadelphia, Nov. 27, 1965.

that there is full agreement that professional people must be responsible for determining how such reviews can best be done, but that some concern exists over the question of how the program will ascertain, once an institution establishes a utilization review plan, that the plan is in existence and operates effectively. What I propose to do in my talk, therefore, is to provide an explanation of the purpose of the utilization review plan requirement in the law and to indicate, in a general way, how we believe different patterns may emerge to meet the requirement and what administrative responsibilities might be shared by state agencies, intermediaries and providers of services in the process of implementing this requirement.

Conditions for Hospital Participation

To bring the question of utilization review into focus, let me briefly describe to you first how a hospital or extended care facility wishing to participate in the program establishes its eligibility. The law defines for purposes of our program the terms "hospital," "extended care facility," and "home health agency." Such providers may participate if they meet the defined conditions of law and the additional conditions of health and safety that may be established. In general, these additional conditions cannot exceed the comparable requirements of the Joint Commission. The intention of these provisions is not to impose requirements that are unduly restrictive. Rather, the program through these definitions and through its commitment to pay reasonable cost will provide support to what has now been achieved in the way of quality care and will make future upgrading possible as progress in standards is made in the private and public sectors and through accreditation activities.

In order to determine whether an institution wishing to participate can do so, we must use appropriate state agencies to ascertain whether the appropriate requirements are met. We are now contracting with state agencies—in nearly all instances the state health department—to work for us not only in the certification process but to provide consultation to marginal institutions that may have problems in qualifying and to assure coordination between the work the state must do for our program and other ongoing state activities, such as licensing, facility construction programs and other responsibilities the state health departments may have under the law.

A major part of the job the states will perform is the survey of hospitals, extended care facilities and home health agencies to determine (and certify to the Federal program) whether these institutions and agencies meet the program's conditions of participation. This will involve a major workload that must be completed to the extent possible before July, 1966, when the program goes into effect. In the case of hospitals, the task is simplified by the fact that under the law, in general, hospitals accredited by the Joint Commission on Accreditation of Hospitals are presumed to meet the conditions of participation, except for the requirement of utilization review.

In order to give assurance of this latter fact, state agencies will be advised by us (and their budgetary support will be calculated accordingly) that the ascertainment of the existence of a qualified utilization review mechanism can be assured through an appropriate submittal by the hospital of a statement of its plan. The state agency will, of course, work with the medical profession, hospital association and the fiscal intermediary to take judicial cognizance of steps being taken in the professional community to assure not only the creation, but the effective ongoing functions of these plans.

I need to tell you frankly that the states have a very big job of certification and consultation to perform for small institutions and for facilities and programs that we might in all candor call marginal at this point. So you will hear that the state agencies are staffing up to take on the important task assigned to them and you should know that the state agencies must have your support in accomplishing their staffing needs. The job will not even get off the ground if the states do not move rapidly to acquire additional personnel. These people are not being recruited with the present or long run expectation that it is going to be their job to evaluate the func-

tion of utilization review committees.

They will have an overwhelming job in the next several years simply ascertaining and properly documenting the participation of qualified institutions. And their assignment must be seen in the total context of the role of the fiscal intermediary. When the fiscal intermediary comes on center stage in the near future, we will rely heavily on the intermediary to participate with the medical profession in the long run measures that will result in assurance that utilization review does in fact function in the ways that it was indicated it would function at the time of certification of the institution.

But before discussing the activities of the state agencies and fiscal intermediaries in the area of utilization review, let me discuss our general administrative posture in respect to this particular facet of eligibility. As most of you know, the Social Security Administration has engaged in extensive consultations with a number of professional individuals and organizations, including representatives of the American Medical Association, and we are presently working with a professional consultant Work Group on Physician Participation on the question of how best to implement the utilization review plan provision. As a result, much of what I say today reflects what we have learned from our consultations with physicians who are your representatives, as well as other health professionals, and what we have so far received from these consultants in the way of suggestions for administrative implementation of the requirement.

Utilization Review Plan Requirement

Under the law, an institution electing to participate in the program would be required to have in effect a utilization review plan which is applicable to services furnished to beneficiaries of the hospital insurance program. This plan would have to provide for continuing reviews by a utilization review mechanism of the institution's own choice or creation. This mechanism could consist of a hospital staff committee including two or more physicians or a group outside the hospital which is similar in composition to the staff committee. The utilization review plan must, however, provide for review by a group outside the institution where, because of its small size, it is impractical for the institution to have a properly functioning staff committee for purposes of conducting utilization reviews. The staff committee or other mechanism set up under the plan would be responsible for undertaking two kinds of reviews.

The first kind, which could be on a sample or other basis, would look into the various elements of utilization—admissions, services provided, and lengths of stays—from the standpoint of their medical necessity. The purpose of this review is essentially educational; that is, the committee's activities would, by providing for professional scrutiny of practices within the institution, result in the formulation of appropriate professional criteria with respect to the medical necessity for hospital care and the provision of medical services. I very much like the phrase used in your recent publication "Utilization Review, A Handbook for the Medical Staff," which refers to review committees as "committees of awareness." This phrase, I think, entirely reflects our administrative objectives in this first kind of review.

The second kind of review would be of the individual beneficiary remaining in the institution for a period of extended duration. While there is authority in the law to specify the period or periods that shall be considered as constituting long stays for purposes of this review, it is expected, as I shall note below, that the institution, itself, would be asked to specify in its utilization review plan the number of continuous days of hospitalization following which a review would be made to determine whether further inpatient services are medically necessary. This review would have to be made within one week following the last day of such a period of continuous hospitalization.

When the findings of the physician members of the committee with respect to the medical necessity for continued hospitalization disagree with those of the attending physician, the committee is required to notify the attending physician of its find-

ings and to provide an opportunity for consultation between the committee and the physician. If the physician members of the utilization review committee (after consultation with the attending physician) make a conclusive finding that continued hospital care is not medically necessary, the Social Security funds are relieved of the liability of paying for such further care after the third day following the day the institution receives notice of such finding. However, no report would be required from the committee (other than that the case has been considered) if the committee does not find it necessary to come to a negative conclusion.

There is one other significant provision of the law relating to the requirement of a utilization review plan, and it might be well to pause for a moment to mention it. Under the law, if the Joint Commission on Accreditation of Hospitals adopts for hospital accreditation a utilization review plan requirement, or another requirement that serves substantially the same purpose, the Federal program could accept accreditation by the Joint Commission as sufficient evidence that a hospital meets the requirements of the law.

Guiding Principles

There are several underlying principles which have served as the basis for our discussions with consultant groups and for our administrative planning of ways to most reasonably and effectively implement the utilization review provisions.

First, the utilization review plan of a hospital should have as its over-all objective the maintenance of high quality patient care, and an increase in effective utilization of hospital services to be achieved through an educational approach involving study of patterns of care, and the encouragement of appropriate utilization. Second, it must always remain the responsibility of physicians to make the decisions regarding hospital admission, course of treatment and length of stay based on the medical needs of the patient. Third, the individual hospital, under its governing body and through its medical staff, carries full responsibility for the effectiveness and efficiency of the operation of the utilization review plan.

Since no two hospitals are alike, it follows from these principles that each hospital must develop, within the framework of professionally established criteria and the allowable limits of the law, its own utilization review procedures. As the Congressional committee reports clearly indicate, the intent of the Congress was to provide a flexible framework within which hospitals and physicians could develop, in the light of professional considerations, the most appropriate procedures for each individual institution.

Explicit in these principles is the inviolability of the physician's right and duty to exercise his medical judgment. Implicit is the joint hospital-physician responsibility for effective hospital utilization. Thus, the hospital administrator must also be concerned with facets of the hospital's day-to-day operation which influence efficient use of the hospital's facilities. The administrator can assume his share of the responsibility by assuring that the utilization review functions performed by the medical staff have the support and assistance of the hospital's administrative staff in assembling

underachievers

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information, facilitating chart reviews, conducting studies, exploring ways to improve administrative procedures, maintaining committee records and promoting the most efficient use of available health services and facilities. In addition, the costs incurred in connection with the implementation of the utilization review plan will be includable in the definition of reasonable costs and will be reimbursable to the extent that such costs relate to health insurance program beneficiaries.

Development of Regulations

Let me assure you that in our administrative planning to implement the utilization review provision of the law, every effort is being made to develop regulations fully consistent with these underlying principles. It is the intention of the Social Security Administration to provide as much freedom as possible for hospitals and the medical profession to develop those mechanisms and procedures which are found most suitable and effective within the context of the structure, organization and needs of individual hospitals. Thus, we believe that the most significant decisions that will have to be made with respect to utilization reviews will not be decisions involving compliance with Federal regulations, but rather the decisions hospitals and physicians will make for themselves about how best to set up and develop the appropriate mechanisms for utilization review.

Although the regulations on this subject have not as yet been finally framed, such good progress has been made that I can tell you with some assurance the direction our planning is taking, even if it is necessary for me to describe these developments in rather general terms. As I have indicated, the utilization review plan of a hospital should be designed first to perform an educational function, that is, to evaluate on the same professional basis now characteristic of records, tissue and other committees, practices within the hospital with a view to formulating professional criteria for eliminating apparent inefficiencies in the use of hospital services and facilities.

The review of professional services furnished might, for example, include study of such conditions as overuse or underuse of services, logical substantiation of diagnoses, proper use of consultation and whether required diagnostic workup and treatment are initiated and carried out promptly. These are matters for determination by the staff in its review plan. Review of lengths of stay might consider not only medical necessity, but the effect that hospital staffing may have on duration of stay, whether assistance is available to the physician in arranging for discharge planning and the availability of out-of-hospital facilities and services which will assure continuity of care.

In order to satisfy the participation requirement of the law, it is contemplated that each hospital wishing to participate will be asked to prepare a currently applicable written description of its utilization review plan covering the following items: the organization and composition of the committee or committees which are responsible for conducting utilization reviews; the frequency with which the committee meets; the type of record it maintains and the criteria used by the committee in selecting cases on a sample or other basis; the committee's working definition of what constitutes a period of extended duration; the relationship of the utilization review plan to claims administration by a third party; and the responsibilities of the hospital's administrative staff in relation to the performance of utilization reviews.

Although the law states, in describing the utilization review plan, that reviews shall be conducted by a "staff committee" or by a group outside the hospital, it is assumed that more than one committee or group may properly be involved in utilization reviews. Thus, the medical care appraisal and educational aspects of review on a sample or other basis, and the review of long-stay cases need not be conducted by the same committee or group. Also, it is not mandatory that the medical staff create a new committee; existing staff committees may assume the review responsibility stipulated in the hospital's review plan.

The review of admissions, duration of stays and services furnished, which may be conducted on a sample or other basis, should be conducted so as to provide the kind of information that will promote efficient use

of the hospital's services and facilities. There is substantial agreement among professional people that while it is desirable to permit hospitals wide latitude in selecting the method to be followed in conducting these reviews, there should be some assurance that a meaningful method is actually adopted. The methods which have so far been suggested include the use of services and facilities of external organizations which compile statistics, design profiles and produce other comparative data, cooperative endeavors with intermediaries, such as Blue Cross, and internal studies of medical records. Each hospital would, of course, be free to select the method or combination of methods it preferred.

As I have indicated, the second requirement is that a review be made of each beneficiary case of continuous extended duration. Since the law does not provide a definition of a period of continuous extended duration, our consultant groups have devoted a considerable amount of discussion to the question of whether such a definition should be included in regulations or left to the judgment of the individual hospital's medical staff. The preponderance of opinion has been that such a determination should be left to the judgment of the medical staff and that the hospital's utilization review plan should reflect this judgment by specifying in its written description the number of continuous days of hospital stay following which a review shall be made. It is recognized that in many cases there may be divergences in opinion among individual physicians with respect to the evaluation of medical necessity for continued inpatient hospital services. It is contemplated, therefore, that the judgment of the attending physician in an extended care case will be given great weight by the review committee.

Since the work of the utilization review committee, particularly its findings as a result of reviews of admissions, stays and services provided, is likely to have a significant impact on hospital procedures, the importance of maintaining records and disseminating appropriate data cannot be overemphasized. It is to be expected, therefore, that committees will keep records of their activities, that reports will be regularly made to the executive committee of the medical staff and that relevant information and recommendations will be reported through usual channels to the entire medical staff and the governing body of the hospital.

State Agencies and Fiscal Intermediaries

Finally, I might suggest the varying responsibilities that we see being carried by the state agencies and the fiscal intermediaries, in their roles of assistance under agreements with, and under guidelines set forth by, the Federal program. We have every reason to hope—indeed, to expect—that over time the fiscal intermediaries, working with medical review mechanisms in the individual hospitals and through responsible local committees of the medical societies, where there are questions of performance, will bring about a satisfactory degree of local uniformity within the framework of local autonomy.

While looking to the state agencies to give us assurance in the first instance that a participating hospital is adhering to a plan so constructed as to bid fair to meet the desired objective, we will look to the fiscal intermediary, the hospital administrative staff and the medical community for primary assurance of effective functioning. This assurance, we believe, may be fully supported by statistical analyses and consultations based on questions arising out of day-to-day claims administration, rather than requiring audits of the individual case judgments of review committees. Where an individual judgment poses an issue, that issue would characteristically be resolved through the fiscal intermediaries concern with the judgment as a basis for payment. The really valid appraisal of the effectiveness of utilization review committees can only be based on judgments which are made over reasonable time periods and which view the committee as one of the functional processes, among many others, by which physicians apply professional criteria to their own performance.

Voluntary Mechanisms

Let me conclude by reiterating what is really the most important element in this whole matter—the assurance that we are administratively approaching utilization re-

view in an atmosphere of accommodation because we recognize how much has been done by your own profession and how much we are in accord with each other as to the importance of the purposes which need to be served. The problems of utilization review are complex and subtle and, at best, will take time to work out. We believe that this can only be achieved in a climate where the medical profession is given the opportunity to maintain its leadership and its final responsibility for working toward solutions.

Third-party programs, whether publicly or privately financed, have the obligation of assuring that utilization review is in effect and is achieving the important purposes for which it is designed. The actual existence of a plan can be ascertained without significant difficulty, but the evaluation of its functioning over time is more subtle. But I am confident—and I think you are confident—that physicians and hospital authorities have it within their power through the tested mechanism of physician committees, accountable to either the organized staff of the hospital, or to the larger physician community represented by the medical societies, to achieve effectively functioning utilization review committees through voluntary mechanisms, as they have already done in many places with significant success. We believe that such mechanisms, conscientiously applied by physicians in furtherance of their own professional commitments will accomplish more for total patient care—quality-wise as well as cost-wise—than any other measures.

We believe that our administrative concern—and the concern of the public—can be satisfied within the framework of the variable techniques which I have described in my remarks today. If the medical community and hospitals reflect their professional concerns in the various mechanisms they themselves develop, then I think it can be predicted that our administrative concern will rarely not be met. What I think we have is a constellation of interests which are common to all the components involved—the concern of your own profession, the concern of state health departments and the concern of fiscal intermediaries.

Each will pursue this common objective in the light of its own special role in the program—the state agency concerning itself with the assurance that utilization review mechanisms which meet the requirements of the law are in effect for all participating hospitals, the fiscal intermediary in its day-to-day claims administration being alert to the case-by-case reflection of the results of the various utilization mechanisms, and the physician community exercising the responsibilities that only your profession can exercise—the professional demand for constant guarantees, of which proper utilization is but one part, that medical care of high quality and immediate availability is the right of every individual served by your profession. Medicare may stimulate the growth of utilization review mechanisms—but it makes no demands on the medical community, in terms of professional goals, which they have not already made of themselves and have faithfully pursued, both as individuals and as a profession. ◄

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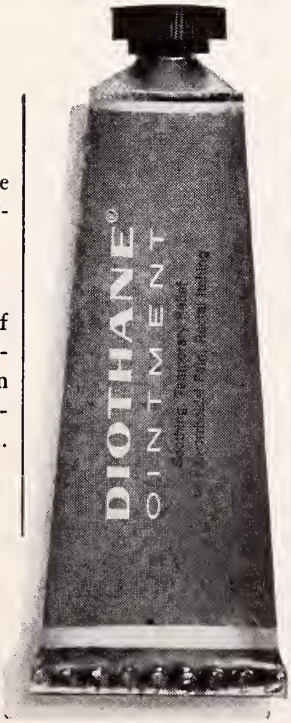
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CONVENTION
Date October 10-13, 1966.
Place French Lick, Indiana

AMERICAN COLLEGE OF SURGEONS,
INDIANA CHAPTER
Date April 30-May 1st
Place Ball State University, Muncie

INDIANA ACADEMY OF GENERAL PRACTICE
Date May 3-5, 1966
Place Fort Wayne

INDIANA ACADEMY OF OPHTHALMOLOGY
AND OTOLARYNGOLOGY
Date May 4-5, 1966
Place French Lick Sheraton Hotel, French Lick

INDIANA ASSOCIATION OF PATHOLOGISTS
Date April 16
Place VA Hospital, Indianapolis

INDIANA CHAPTER OF THE AMERICAN
ACADEMY OF PEDIATRICS
Date May 18-19
Place Marott Hotel, Indianapolis

INDIANA NEUROPSYCHIATRIC
ASSOCIATION
Date Second Wednesday of every month,
October through May
Place The Athenaeum, Indianapolis

INDIANA OBSTETRICAL AND
GYNECOLOGICAL SOCIETY
Date April 6
Place Athenaeum, Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 1
Place Indianapolis

INDIANA STATE ASSOCIATION OF MEDICAL
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Date April 22-24
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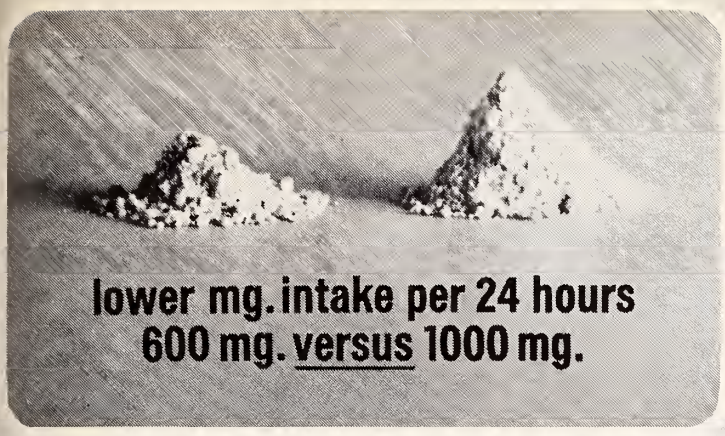
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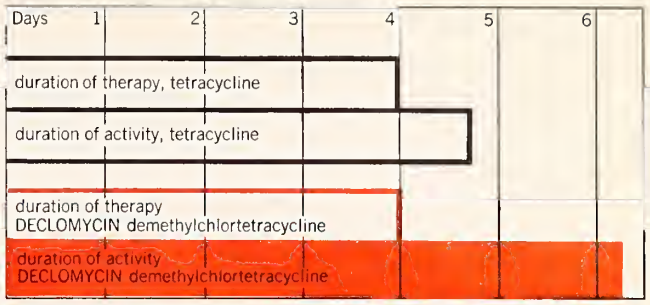
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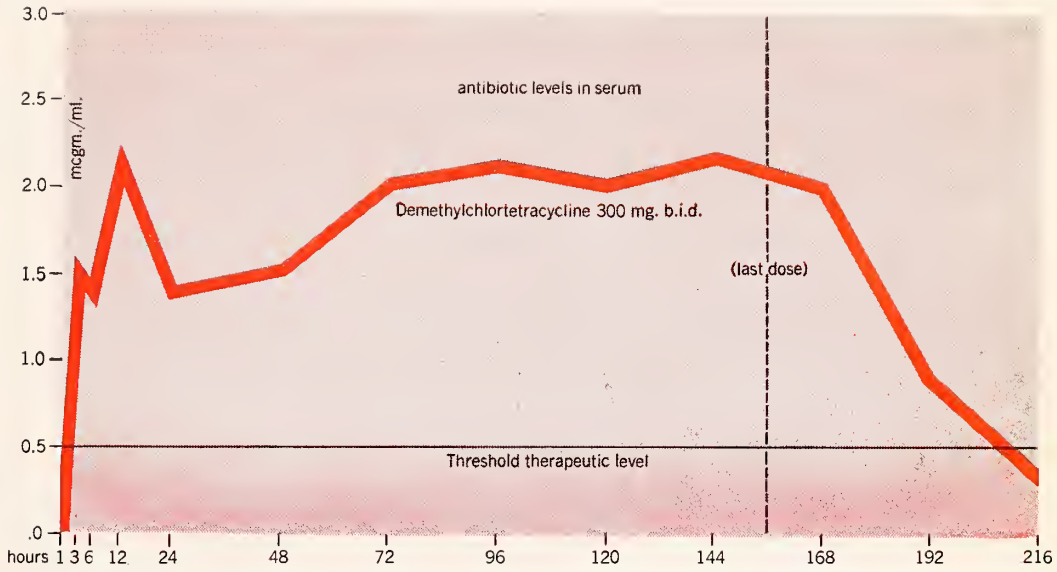


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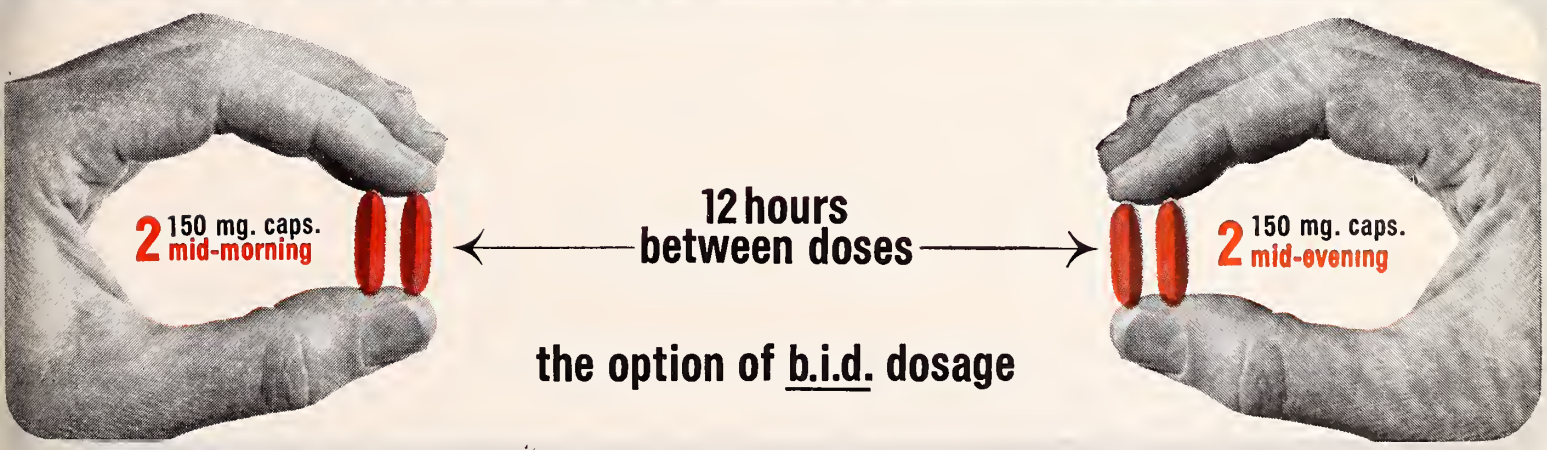


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Medicine At Law

DECISIONS AND OPINIONS

Highlights of recent court actions pertaining to health and medicine from *The Citation* prepared by the Law Division of AMA.

Hospital's Duty Not Governed Solely by Standard of Care of Hospitals in Community—A judgment for $110,000 in damages against a hospital was affirmed by the Illinois Supreme Court in a case arising out of the amputation of a patient's leg following treatment of a fracture received in a college football game. A claim against the physician who treated the fracture had been settled for $40,000 prior to trial.

The court held that the standard of care prevailing in hospitals in the community was not the only basis for judging the hospital's liability. For the purpose of determining the duty of the hospital to the patient, it approved of consideration given to the following three documents: (1) The Standards for Hospital Accreditation of the Joint Commission on Accreditation of Hospitals; (2) the Regulations of the State Department of Public Health under the Hospital Licensing Act; and (3) the Bylaws of the Medical Staff of the Hospital.

On the basis of these standards, it held that the evidence was sufficient to support a verdict against the hospital on either of two grounds: (a) that nursing attention was not sufficient to promptly recognize and remedy impairment of circulation in the patient's leg, or (b) that the hospital failed to review the physician's work or to require consultation. The court also held that charitable immunity for hospitals was entirely abolished. Previously, a hospital's liability was limited to the extent of its liability insurance coverage.

Darling v. Charleston Community Memorial Hospital, 211 N. E. 2d 253 (Ill., Sept. 29, 1965; rehearing denied, Nov. 18, 1965).

Hospital's Refusal to Renew Physician's Surgical Privileges Upheld—The refusal by the Board of Commissioners of a hospital district to renew a physician's general surgical privileges was not improper, where he was accorded procedural due process and there was substantial evidence to support the board's findings of fact, a Florida appellate court ruled.

The board refused to renew the physician's surgical privileges because of the district pathologist's report that he removed an unreasonably high proportion of normal tissue in performing appendectomies. Pursuant to a court order obtained by the physician, the board held a hearing on the matter. At the close of the hearing, the board made findings of fact, on the basis of which it affirmed its refusal to renew the physician's surgical privileges.

The physician contended that the original summary proceeding refusing renewal of his surgical privileges was a denial of procedural due process. In connection with that action, the following should be noted: (1) it occurred in the course of the annual approval for medical staff membership and privileges; (2) it was taken on the basis of the district pathologist's report; (3) the board told him the reason for the action, privately and without notoriety, and offered him a future hearing if he wanted one; and (4) the board allowed him a month's time to conclude his pending surgical practice and avail himself of the opportunity for a hearing before its action became effective.

A physician's use of a public hospital is a privilege, not a right. The physician knew or should have known what the standards

for surgical practice in the community were. Since the board had evidence of almost mathematical certainty that those standards were being violated, either negligently or willfully, its taking of summary action was not violative of due process, especially when the countervailing interest of the protection of hospital patients is considered, the court said.

At the hearing, the district pathologist and a practicing surgeon testified, and evidence was presented as to each case in which the physician had removed normal tissue. The witnesses testified that postoperative microscopic examination of removed appendixes is used to confirm a preliminary diagnosis of acute appendicitis. They also testified that a diagnosis of appendicitis is not fairly chargeable against a surgeon when other symptoms are present, and that a leeway of up to 35% for mistaken diagnosis is allowed. The examination of tissue removed from the physician's patients indicated mistaken diagnosis in 70% of his appendectomies. This evidence was sufficiently substantial to support the board's findings of fact on which it based its refusal to renew his surgical privileges, the court said.

The hearing satisfied the requirements of procedural due process. The physician was given adequate notice of the hearing and was allowed to cross-examine witnesses and present evidence in his own behalf.

Mitzell v. North Broward Hospital District, 175 So. 2d 583 (Fla., May 24, 1965).

Citation Editor's Note: Prior decisions in this case were reported in *The Citation*, Vol. 8, No. 12, p. 131, and Vol. 11, No. 7, p. 139. ◄

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New Film Series "Doctors at Work" Now Available to Societies and Members

FIFTY-SEVEN films entitled "Doctors at Work," showing physicians practicing medicine, are now available to all component county medical societies in Indiana.

The series, which is designed for showing to pre-med students, student nurses, voluntary health association groups, laboratory and x-ray technicians, medical assistants, high school and college students as well as employee, professional, philanthropic and church groups, dramatizes authentic cases and actual surgery in some instances.

Available through the Headquarters Office of the Indiana State Medical Association, the films were originally produced for use on television and are presently being used in this format by the Marion County Medical Society and the St. Joseph County Medical Society. Members of the societies participate in panels to discuss diagnosis and treatment following the showings. In addition, the Wayne-Union County Medical Society is using the films in conjunction with nursing education classes in Richmond. Lease of the films, which are 16mm, black and white, for a one-year-period beginning January 1, 1966 to December 31, 1966, has been made possible through the courtesy of Merck, Sharp and Dohme, Inc., as part of their postgraduate program.

Obtaining this series has been a project of the Public Information Commission under the direction of Harry G. Becker, M.D., chairman. Commission members have expressed the feeling that broad use of the films in the forthcoming year would constitute excellent public relations programming for local societies. Catalogues have been distributed to all county medical soiety presidents and executive secretaries.

An alternate use for these excellent pro-



MAKING PLANS for the next half-hour television show in the "Doctors at Work" series are (left to right) Arthur Loftin, executive secretary, Marion County Medical Society; Dr. Loren Martin, chairman of the society's public information committee; Joe Leamon, WISH-TV's panel moderator; Robert Warren, producer-director of the Channel 8 show and Dr. Joseph C. Finneran and Dr. Warren S. Tucker, both participants in the show which has as its subject lung cancer. The society is utilizing the film series in conjunction with their highly rated Sunday noon program "Ask Your Doctor." The films are being made available to all county medical societies through the Public Information Commission of the Indiana State Medical Association.

ductions could be as supplementary material for medical talks before lay groups. They are so organized, timewise, that a good half hour film and discussion can be arranged quite conveniently. Suggested news releases accompany each film, as well as scripts, including questions and suggested answers which a physician or a medical panel might find beneficial in presenting a program to a group. The films deal with a variety of subjects including breast cancer, childbirth, high blood pressure, hip pinning, tonsillectomy, radiology and so on.

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Contraindications: Contraindicated in individuals who have shown hypersensitivity to any of its components. Not recommended for prophylaxis or in the management of infectious processes which may require more than 10 days of continuous therapy. If clinical judgement dictates therapy for longer periods, serial monitoring of liver function is recommended. Not recommended for subjects who have shown abnormal liver function tests, or hepatotoxic reactions to triacetyloleandomycin.

Precautions and Adverse Reactions: Triacetyloleandomycin, administered to adults in daily oral doses of 1.0 gm. for 10 or more days, may produce hepatic dysfunction and jaundice. Adults requiring 3 gm. of Signemycin initially should have liver function followed carefully and the dosage should be reduced as promptly as possible to the usual recommended range of 1.0 to 2.0 gm. per day. Present clinical experience indicates that the observed changes in liver function are reversible after discontinuation of the drug. Use with caution in lower than usual doses in cases with renal impairment to avoid accumulation of tetracycline and possible liver toxicity. If therapy is prolonged under such circumstances, tetracycline serum levels may be advisable. In long term therapy or with intensive treatment or in known or suspected renal dysfunction, periodic laboratory evaluation of the hematopoietic, renal and hepatic systems should be done. Formation of an apparently harmless calcium complex with tetracycline in any bone forming tissue may occur. Use of tetracycline during tooth development (3rd trimester of pregnancy, infancy and early childhood) may cause discoloration of the teeth. Reversible increased intracranial pressure due to an unknown mechanism has been observed occasionally in infants receiving tetracycline. Glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and definite allergic reactions occur rarely. Severe anaphylactoid reactions have been reported as due to triacetyloleandomycin. Photosensitivity and photoallergic reactions (due to the tetracycline) occur rarely. Medication should be discontinued when evidence of significant adverse side effects or reaction is present. Patients should be carefully observed for evidence of overgrowth of nonsusceptible organisms including fungi, which occurs occasionally, and which indicates this drug should be discontinued and appropriate therapy instituted. Steps should be taken to avoid masking syphilis when treating gonorrhea.

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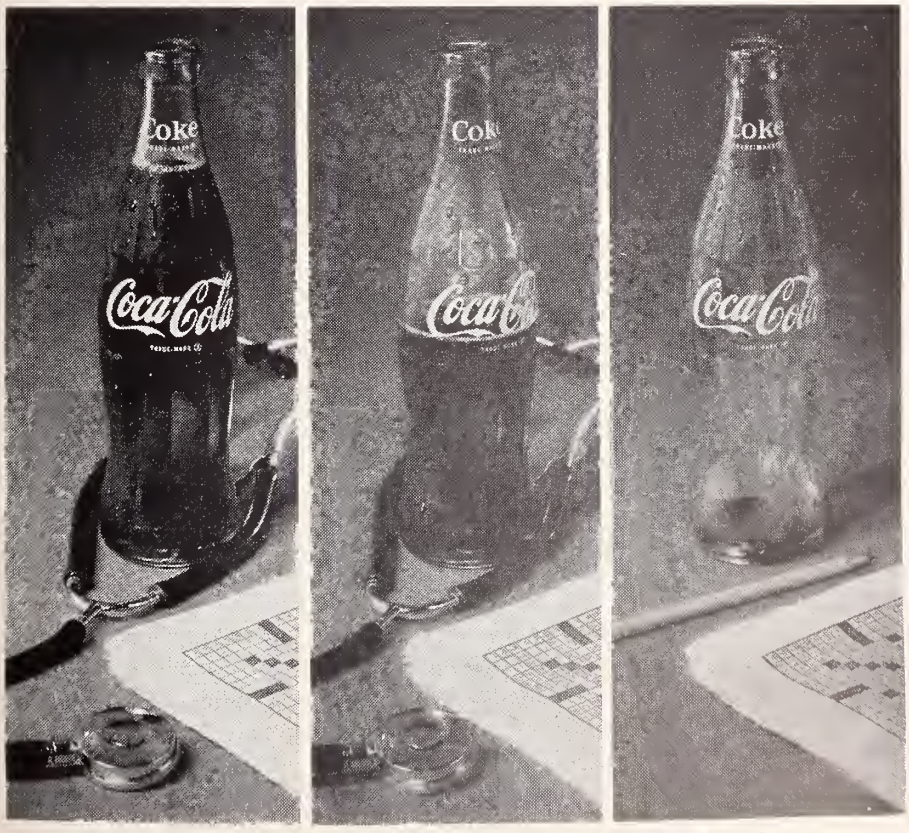
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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—December, 1965

Disease	Dec. 1965	Nov. 1965	Oct. 1965	Dec. 1964	Dec. 1963
Animal Bites	460	509	711	403	339
Chickenpox	389	296	85	766	452
Conjunctivitis	101	95	89	123	49
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	55	67	46	99	65
Gonorrhea	432	304	347	349	293
Impetigo	129	157	224	133	54
Infectious Hepatitis	46	44	35	38	48
Infectious Mononucleosis	79	89	43	63	32
Influenza	1305	1088	739	820	429
Measles (Rubeola-Rubella)	306	236	212	188	464
Meningitis, Meningococcal	5	1	4	5	6
Meningitis, Other	7	3	7	8	5
Mumps	168	108	60	652	302
Pertussis	0	9	4	33	6
Pneumonia	418	482	329	261	210
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	589	495	462	611	337
Syphilis					
Primary & Secondary	14	2	6	5	5
All Other Syphilis	86	69	65	84	94
Tinea Capitis	15	12	5	45	1
Tuberculosis (Active)	105	90	96	81	102



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ABSTRACTS

BOOK REVIEWS

TEXTBOOK OF OBSTETRICS

John C. Ullery, M.D., Zeph J. R. Hollenback, M.D., The C. V. Mosby Company, St. Louis, 1965, 726 pp. $17.50

The unprecedented advances in medical science in our generation have rendered it impossible for any individual, even the most experienced and competent authority, to produce a textbook completely covering the vast accumulation of knowledge in one major field. This broad expansion of scientific skills has forced authors to become editors.

This book represents the teaching and obstetric practice of the Ohio State University College of Medicine. It presents the work of 33 contributors including the editors, who are the senior members of the faculty. It is not a large text (726 pages with an ample index). The format is well set-up. It is arranged into the three classic divisions: care during pregnancy; care during labor and care during puerperium. The various chapters are appropriately titled and well supplied with subtitles which add to its readability. While the style varies with the different authors, it is in the main clear, concise, and easily readable.

Historical accounts, which are not essential in a student textbook, are generally omitted. At the end of each chapter there is a short but adequate list of references. The illustrations consist of pen-sketches, line-drawings and a few photographic reproductions. While these are not elaborate, they clearly bring out the intended points. There are a few typographical errors (mentioned only to show that the reviewer read the book) which are easily recognizable and do not detract from the book's value as a teaching text.

The final chapter on maternal mortality is comprehensive and adds much to the book since Drs. Ruppersberg and Meiling have been pioneers and leaders in this field. Their investigations are well known. Since few obstetrical texts have appeared recently, this book is a welcome newcomer. It is written by experienced practicing obstetricians, is up-to-date and authentic.

The authors have made a point to produce a textbook which is not just an encyclopedic volume but is a stimulant to the student preparing him to solve obstetric problems. Although, as would be expected, some phases of teaching by the authors may vary from that in other institutions, it follows generally accepted clinical standards. This work is highly recommended to students and house staff members as well as practicing physicians as a textbook. It should be a first-rate standard text for many years.

DAVID A. BICKEL, M.D.
South Bend

SOMATIC CELL GENETICS

Fourth Macy Conference on Genetics, edited by R. S. Krooth, M.D.; University of Michigan Press, 1964; 310 pages and 55 figures; $10.00.

A choice gathering of some two dozen experts opening up this most fascinating field of medicine has produced a lively and most readable discussion. The last word has not been said—of course! More questions are raised than answered: that in itself is an accomplishment. Why does Catt free medium regularly produce secondary constrictions in some chromosomes and not in others? Translocations are being spotted histologically; just what is their significance in relation to anomalies? Even more intriguing: what *biochemical* changes are occurring?

What is double fertilization doing? Just what does the Philadelphia chromosome mean in relation to leukemia? Where does the virus fit into the situation? Can we really bioassay the DNA of different tissues as to transformation potentials?

This volume is to be highly recommended to any really inquisitive reader. The printing is splendid; I saw no typographical errors; the binding is superb; the price modest. I plan to reread many portions of my copy.

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

Abstracts From Various Literature, Prepared by AMA

MECHANISM OF ALCOHOL-INDUCED HYPERTRIGLYCERIDEMIA

P. J. Nestel and E. Z. Hirsch, (Royal Melbourne Hosp., Melbourne)
J. Lab. Clin. Med. 66:357-365, (Sept.), 1965.

The cause of alcohol-induced hypertriglyceridemia was studied in two normal men and in four alcoholic subjects with normal liver-function tests. The turnover of plasma free fatty acids and the incorporation of free fatty acids into triglycerides was studied by injecting tritiated palmitic acid into the subjects after fasting and after consumption of alcohol or isocaloric amounts of glucose. Although the plasma concentration and turnover of FFA were slightly less with alcohol than in the fasting state, a much greater fraction of FFA was esterified to plasma triglyceride under the influence of alcohol. The magnitude of FFA esterification after alcohol was proportional to the rise in plasma triglyceride concentration which was consistently observed. This supports the concept that the triglycerides formed during the consumption of alcohol are derived predominantly from FFA. The consumption of glucose depressed the incorporation of plasma FFA into plasma triglycerides.

CHROMOSOME STUDIES ON RANDOMLY CHOSEN MEN AND WOMEN

W. M. C. Brown, et al. (Western General Hosp., Crewe Rd., Edinburgh)
Lancet 2:561-562, (Sept. 18), 1965.

In 1961 the authors began a study of the chromosome constitution of men and women randomly chosen from the lists of a number of general practices. Altogether 438 persons were examined: 207 men and 231 women, ranging in age from 15 to 90 years. All the chromosome studies were carried out on cells from blood cultures. The studies summarized here were supported by those done on other groups of investigators (Court Brown, et al., 1965) drawn mainly from the Edinburgh area, comprising 1,020 adults in all. From a consideration of all the data, it seems likely that about 0.5% of adults show a chromosome structural rearrangement; 3% of men and women show one of the autosomal variants; in 3% of males the length of the Y chromosome is unusual.

BLOOD VOLUME AND HEMATOCRIT STUDIES IN RESPIRATORY DISTRESS SYNDROME OF THE NEWBORN

J. A. Inall et al. (Royal Hosp. for Sick Children, Yorkhill, England)
Arch. Dis. Child. 40:480 (Oct.), 1965.

Blood volume measurements with ^{131}I labeled human serum albumin and hematocrits were estimated in 17 infants with respiratory distress syndrome and in 20 unaffected prematures. Blood volumes of the babies with respiratory distress were not significantly different from those of healthy babies, but the mean hematocrit of 48% in infants with distress showed a highly significant difference ($p>0.01$) from the mean of 58% in healthy infants. These findings contrast with the opinion that the hematocrit is high in the respiratory distress syndrome. A sequestration of red cells in the lungs may contribute to the respiratory distress.

EFFECT ON SERUM CHOLESTEROL OF A CORN OIL AND SKIM MILK MIXTURE IN PEPTIC ULCER PATIENTS

B. M. Kaplan et al., (Michael Reese Hosp., Chicago)
Amer. J. Med. Sci. 250:621 (Dec.), 1965.

Corn oil and skim milk were substituted for milk and cream in the dietary regimen of eight patients with peptic ulcer over a two week period. A statistically significant reduction in serum cholesterol was observed in all patients, far below pretreatment levels. The corn oil and skim milk mixture was palatable and effective in the peptic ulcer regimen. It would appear that corn oil and skim milk rather than milk and cream offer a safer approach in long-term dietary management of peptic ulcer with respect to serum cholesterol levels and presumably also to potential atherogenesis. A preparation of this type is equivalent to many others in its nutritional value and it can serve both purposes: the treatment of an ulcer, gastric or duodenal, as well as prevention and even treatment of conditions associated with hypercholesteremia.

ROLE OF FACEGUARD IN THE PRODUCTION OF FLEXION INJURIES TO THE CERVICAL SPINE IN FOOTBALL

W. J. S. Melvin et al., (76 Johnson St., Kingston, Ont.)
Canad. Med. Assoc. J. 93:1110 (Nov. 20), 1965.

The precise role of the single-bar face mask in producing major flexion violence to the cervical spine was studied by review of game movies, analysis of the radiographs, and detailed interviews with two players who sustained fractures of the cervical spine. The single-bar face mask can become fixed in the ground thereby forcing a runner's head down onto his chest as the trunk moves forward. Preventive measures embodying modifications in the face mask, strict coaching in football technics, and the institution of safety factors in the playing rules are proposed. Appreciation of the mechanism of injury is urged in order to encourage careful inspection of protective head gear as well as to direct the team physicians' attention to the possibility of serious flexion injury to the cervical spine occurring without dramatic evidence.

Continued



We are not head shrinkers, in the true sense of the word, madam, so uncover yourself!



A small compact car hit me around the ankles, doctor, and when I toppled over, I crushed it completely!

This report is not a plea for abandonment of the face mask but rather a suggestion for careful selection of a safe and efficient mask. Careful reevaluation of many procedures and especially of the equipment used in competitive sports is needed.

INTERMITTENT POSITIVE PRESSURE RESPIRATION AS TREATMENT IN SEVERE RESPIRATORY DISTRESS SYNDROME

M. Delivoria-Papadopoulos et al. (Hosp. for Sick Children, Toronto)
Arch. Dis. Child. 40:474 (Oct.), 1965.

Twenty infants with respiratory distress syndrome who failed to respond to conventional methods of therapy were ventilated with the Bird Mark VIII ventilator at pressures between 15 cm and 35 cm of H_2O and rates between 50 and 70/minute for three to 13 days. Seven infants survived. The results suggest that infants weighing over 1,800 gm whose respiration fails after 24 hours of age have a 40% chance of recovery if ventilated without delay.

DIURNAL, POSTURAL, AND POSTPRANDIAL VARIATIONS OF HEMATOCRIT

G. A. Mayer (Etherington Hall, Queen's University, Stuart St., Kingston, Ont.)
Canad. Med. Assoc. J. 93:1006 (Nov. 6), 1965.

The microhematocrit (HCT) values of 59 sub-

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jects increased significantly in the sitting position and after moderate exercise in comparison with the values obtained during recumbency. The consumption of an 800 calorie meal decreased the HCT and this effect lasted for six hours. In order to obtain comparable results, blood for HCT should be taken in a standard basal condition in the morning hours, in the fasting state or after a light breakfast, and the patient should sit for at least 30 minutes before the blood specimen is taken.

IRON ABSORPTION AND ASCORBIC ACID

E. Wolff and I. Sorenson (Universitetet Medisinsk, Bergen, Norway)
Nor. Med. 74:1077-1078, (Oct. 28), 1965.

The effect of ascorbic acid on the absorption of oral doses of ferrous iron given to ten patients with iron deficiency is demonstrated. After addition of ascorbic acid, the maximum serum-iron level increases by a mean value of 60.6*ug* per 100 ml, or 146.5% more than when iron is given alone. This rise does not seem to be related to the hemoglobin value or the fasting serum iron. The actual mechanism of the action of ascorbic acid on iron absorption is not known, but the fact by itself is important.

SEVERE TETANUS: ITS COMPLICATIONS AND MANAGEMENT

I. E. Purkis and J. E. Curtis (5865 Balmoral Rd., Halifax, N. S.)
Canad. Med. Assoc. J. 93:1200 (Dec. 4), 1965.

When phenothiazines and barbiturates fail to control the spasms of tetanus, total paralysis with muscle relaxants may be the only way of keeping the patient alive. The hazards of this technic are illustrated in this report of a patient with severe tetanus, totally paralyzed for 26 days. Cardiac arrest, ileus, atalectasis, anemia, edema, and limb contracture were among the problems encountered. Devoted nursing care, an experienced medical team, respirators, minute ventilation meters, an airway pressure alarm, a hypothermia unit, a cardiac monitor pacemaker, and facilities for determining blood gas tensions were all necessary in the successful treatment of this patient. The authors suggest that patients with severe tetanus should be transferred, under anesthesia and artificially ventilated, to hospitals possessing all these facilities.◄

Pick Most Competent Detailman

Have you ever wanted to pass along a compliment about a drug company representative? Would you like to let his boss know that he has been especially helpful? Here's your chance. We want to find out the most popular, most helpful detailman in the state of Indiana. We want to recognize his service to medicine and in recognizing him, express appreciation to all these men who, in the proper fulfillment of their duties, are a real service to Indiana medicine. Please drop in an envelope and mail to *The Journal*, ISMA, 3935 N. Meridian St., Indianapolis, Ind. 46208.

I vote for the below named man (men) whom I consider the most helpful drug company representative (s) now calling on me. (Name as many as three)

Name of detailman _____ Company _____

_____ _____

_____ _____

Remarks, if any:

Your name (optional)



OSTOMY ORGANIZATION FORMED IN INDIANAPOLIS

Indiana Ostomy, Inc., a member of the United Ostomy Association Inc., is now active in the Indianapolis area. Affiliation with the national organization was formally approved at the annual national meeting in New York City last September. Meetings are held the second Monday of each month at 7:30 p.m. in Conference Room #3, Methodist Hospital.

The purpose of this group is to exchange information and ideas that will help ease problems an individual may encounter in caring for an ostomy and to help avoid unpleasant memories and experiences. No medical advice is given; that is strictly up to each person's physician. However, the majority of the members of I. O. Inc., have overcome the problems that confront a new ostomy patient, are now leading normal, productive lives and wish to help others accomplish the same goal.

If a physician requests, one of the members will make pre- or postoperative visits to a patient so that he can see that an ostomy permits a person to live a normal and healthy life once again.

Members of the organization are available to speak to any group of the medical profession in order to help them become more familiar with some of the problems an ostomist faces and how they have been solved.

An appliance display is also maintained by the organization. This gives the ostomist an opportunity to view and discuss advantages and disadvantages of the various appliances since each ostomist must find the appliance best suited to his personal needs.

Indiana Ostomy, Inc., realizes that the best way to reach ostomy patients is through the medical profession. Doctors, nurses and any other interested persons are invited to attend the meetings. For further information concerning the group, or to request the "Monthly Newsletter," please contact Mrs. Alvada Ahnafield, 6565 Varna Dr., Indianapolis, Indiana, telephone number 856-5579.

Group Discussions Lessen Accidental Injuries by 17%

Accidental injuries are lessened by as much as 17% by persons who hold group discussions on the subject, according to the experience of the Philadelphia Department of Public Health.

The U. S. Public Health Service has published a book entitled "A Little Group Can Do It" to describe the experiment on the efficacy of group discussions in the prevention of accidental injury. Copies of the booklet may be obtained without charge from the Accident Control Section, Philadelphia Department of Public Health, 500 S. Broad St., Philadelphia 19146.

Dr. Smith Joins Parke, Davis

Dr. Austin Smith, former editor of *The Journal of the AMA*, and more recently president of the Pharmaceutical Manufacturers Association, has joined Parke, Davis & Company as vice-chairman of their board of directors and member of the executive committee. Harry J. Loynd, Parke Davis president, has become chairman of the board and Harold W. H. Burrows is president.

New Grant Given I.U.

Research on the retinal circulation in man at Indiana University School of Medicine under Dr. John B. Hickam has been aided by the Life Insurance Medical Research Fund since 1959. A recent grant has been made by the fund for $16,500 to continue the work until 1967.

Indiana Schools Get Grants from U. S. Public Health Service

Grants to improve nursing education have been announced by the U. S. Public Health Service. In Indiana $98,647 has been awarded to Indiana University at Bloomington to study the application of new teaching methods.

Diploma nursing schools will be assisted by grants of $1,000 to the Lutheran Hospital, Fort Wayne; $1,250 to St. Vincent's School in Indianapolis; $250 to St. Elizabeth School, Lafayette; and $3,000 to Holy Cross School in South Bend.

New PMA President Elected

C. Joseph Stetler has been elected president of the Pharmaceutical Manufacturers Association, in succession to Dr. Austin Smith, who resigned recently, to join Parke, Davis & Company.

Mr. Stetler has served for two years as executive vice-president and general counsel of the PMA and before that was general counsel for the American Medical Association.

"A Simplified Guide to Medicare" Booklet Now Available for Patients

"A Simplified Guide to Medicare" is the title of an 11-page booklet published and distributed by the Continental Casualty Company for the instruction of patients concerning the provisions of the "Medicare" Law.

It may be obtained at no cost by writing to "Medicare Booklet", c/o Continental Casualty Company, Dept. 13E, 310 Michigan Ave., Chicago 60602.

L. Max Baird Joins Mead Johnson

L. Max Baird, formerly personnel director of the Evansville State Hospital, has joined Mead Johnson & Company as program coordinator for the Mead Johnson Institute. The institute administers all formal group education and training activities sponsored by Mead Johnson.

Aerospace Medical Association Establishes Lovelace Fellowship

The Aerospace Medical Association has established the William Randolph Lovelace Fellowship in Aerospace Medicine to honor the memory of Dr. Lovelace, a past-president of the association, who recently lost his life in an aircraft accident.

Dr. Lovelace was one of the pioneers in the field of aerospace medicine and was instrumental in establishing the medical program for manned space flight.

New Pamphlet Available

The Epilepsy Foundation, 1419 H Street, N. W., Washington, D. C., 20005, has published a pamphlet concerning the disadvantages of the mail order treatment of epilepsy and will furnish this booklet at no cost to anyone who requests it.

Hospital Ship S. S. HOPE Now Anchored Near Nicaragua

The hospital ship, S. S. HOPE sailed from Philadelphia early in January and is now anchored near Corinto on the west coast of Nicaragua for a ten-month stay.

Ninety-eight doctors, nurses and technicians are aboard, 28 of whom are veterans of former voyages. Senior among this dedicated group is Chief Nurse Ann Roden of South Bend, Indiana. She has been on all the former voyages, four in all. ◄

Who's To Blame?

Soon you will sign your name to your income tax form, which each year becomes a longer, more complicated and more expensive document. If you are like most, you'll find you are spending more on taxes and enjoying it less.

What's behind this higher tax bill every year? Why does our budget skyrocket annually? The favorite New Frontier fairy tale is that the real reason for the Federal squandermania is the "population explosion." This is not true, and here are facts to refute it.

In 1948 there were 146,631,000 people in the United States. That year the government spent $248 per person. In 1963, 15 years later, there were 190,388,000 people in the United States and the government spent at the rate of $607 per person per year.

Thus, while the population was increasing by only 29.8% in 15 years, government spending rose by 244%. No amount of figure juggling can alter the facts—it's the budget busters, the left wingers and all their grandiose spending schemes who are solely responsible for our $100 billion budgets and plus $300 billion national debt.—From "Inside Washington," by Congressman Earl Wilson.

FUTURE MEETINGS, SEMINARS, COURSES

Indiana Pathologists Annual Slide Seminar Will be Held April 16

The Indiana Association of Pathologists annual Slide Seminar will be held Saturday, April 16 in the auditorium of the VA Hospital, I. U. Medical Center, Indianapolis.

The topic "Tumors of the Breast" will be discussed by Robert C. Horn, Jr., M.D., pathologist and Director of Laboratories at the Henry Ford Hospital, Detroit, Michigan.

Cleveland Clinic Announces Four Postgraduate Courses in March

The Cleveland Clinic Educational Foundation will present four postgraduate courses during the month of March. "Advances in Urology" will be offered March 9-10; "Courses in Anesthesiology" on March 16-17; "Common Neurological Problems" on March 23-24; and "Medical Progress and its Relationship to Dentistry" on March 30-31.

Registration fee for each course is $30.00. Further information on the courses may be obtained by writing the Director of Education, Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

Symposium on Cardiovascular Disease to be Presented May 2-6

A symposium on Cardiovascular Disease will be presented by the Department of Radiology of the University of Kentucky Medical Center from May 2 to May 6, immediately preceding the Kentucky Derby.

Staff members of the University of Kentucky will participate together with numerous authorities from teaching centers of the United States and Canada. Inquiries may be addressed to Dr. Nicholas J. Pasacano, University of Kentucky Medical Center, Lexington, Kentucky 40506.

Trauma Course to be Conducted March 17-19 in Philadelphia

A Trauma Course will be conducted by the Philadelphia Regional Committee on Trauma of the American College of Surgeons at the Bellevue Stratford Hotel, Philadelphia, on March 17 to 19.

Drs. Jorg Bohler of Austria and Lloyd Griffith of England will be featured speakers. Registration fee is $50.00 with a rate of $10.00 for students and residents. For further particulars and hotel registration forms, write John J. Joyce III, M.D., 5908 Greene St., Philadelphia 19144.

AMA Rural Health Conference Set for Colorado Springs in March

The AMA Rural Health Conference will meet on March 18 and 19 in Colorado Springs.

This will be the 19th National Conference and will study communication methods in rural health education and health resources, as well as environmental factors in rural health.

Postgraduate Seminar on Rheumatic Diseases Set for May

A two-day postgraduate seminar on Rheumatic Diseases will be conducted by The Arthritis Foundation in the A. B. Dick Auditorium of Presbyterian-St. Luke's Hospital, Chicago, on May 6 and 7.

The registration fee will be $20.00. For further particulars write the Foundation at 159 N. Dearborn St., Chicago 60601.

Indiana Multidisciplinary Child Care Conference Scheduled in May

The second Indiana Multidisciplinary Child Care Conference, sponsored by the Department of Pediatrics, Indiana University School of Medicine; the State Chapter of the Academy of Pediatrics; the Indiana State Board of Health and the Division of Services for Crippled Children will meet at the Marott Hotel, Indianapolis on May 18 and 19.

All physicians in Indiana are invited to attend. Registration forms may be obtained by writing Dr. Morris Green, 1100 W. Michigan Street, Indianapolis 46207.

Ski Vacation, Scientific Meetings Combined by Colorado Medical

Winter ski vacation and scientific meetings have been combined in the plans for the 31st midwinter clinical session of the Colorado Medical Society. Headquarters for the program scheduled March 1 through 3 will be the Brown Palace Hotel in Denver, Colorado. Chartered buses will provide transportation for ski enthusiasts to go to Winter Park in the Rocky Mountains March 4 for a day's skiing, with lunch planned at the picturesque Hocklandhof.

New this year will be a cocktail party Tuesday evening March 1 at the Brown Palace, for doctors and their ladies to renew acquaintances and meet new friends. The annual midwinter dinner-dance will be held at the Brown Palace on Wednesday evening, March 2.

At the Wednesday morning program a panel of nationally recognized experts will discuss the Medicare law. The roundtable luncheon will afford an opportunity for questions and answers with the morning's participants.

The Thursday morning program will be held at Children's Hospital in Denver. The roundtable luncheon following at the Brown Palace Hotel will offer a question and answer period concerning the morning's presentations.

Tuesday and Thursday afternoon, the society's House of Delegates will hold its midwinter meetings. All doctors are welcome to attend open sessions of the house meetings as well as scientific programs. A $5.00 registration fee is charged all doctors of medicine. Interns and postgraduate residents properly accredited by their hospital superintendents are welcome to attend without charge.

Additional details about the scientific sessions and 31st-meeting ski holiday may be obtained by writing the Colorado Medical Society, 1809 E. 18th Ave., Denver, Colorado 80218.

Colorado School of Medicine Lists Three Postgraduate Courses

Postgraduate courses are listed by the University of Colorado School of Medicine for 1966 as follows: Ultrasonic Diagnosis—March 16 to 18; Recent Advances in Gastroenterology and Gastrointestinal Pathology—April 4 to 8; Clinical Dermatology (limited to 32 students)—April 28 to 30. Full information may be obtained by writing the school at 4200 E. Ninth Ave., Denver 80220.

ISMA Members Invited to Spring Session of Academy of Pediatrics

All physicians interested in the care of children are invited to attend the spring session of the American Academy of Pediatrics, April 25 to 27, at the Queen Elizabeth Hotel, Montreal.

Registration fee for those not members of the academy is $25. Full information may be obtained by writing the academy at 1801 Hinman Ave., Evanston, Illinois 60204. ◄



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County, District News

Allen

Dr. Morris Fishbein spoke on "The Future of Medical Practice" at the Jan. 4 meeting of the Allen County Medical Society. There were 220 physicians and wives attending.

Carroll

Newly-elected officers of the Carroll County Medical Society are: Drs. Don J. Wagoner, president; Eldon E. Baker, vice-president and Robert M. Seese, secretary-treasurer. All of the new officers are from Delphi. Delegate will be Dr. T. Neal Petry.

Cass

Dr. R. H. Maschmeyer has been elected president of the Cass County Medical Society. Assisting him will be: Drs. C. M. Cobb, vice-president; E. L. Ter Bush, secretary-treasurer; E. W. Bailey, delegate and D. K. Winter, alternate. All of the officers are from Logansport.

Clay

Officers of the Clay County Medical Society for 1966 are: Drs. J. Frank Maurer, Brazil, president; Richard G. Mehne, Brazil, vice-president; Forrest R. Buell, Clay City, secretary-treasurer and Rahim Farid, Brazil, delegate.

Clinton

The Clinton County Medical Society has elected the following as its new officers: Drs. Harry T. Stout, president; Milton W. Erdel, vice-president; Earl K. Williams, secretary-treasurer; Robert A. Hedgcock, delegate and Harry T. Stout, alternate. All of the officers are from Frankfort.

Dearborn-Ohio

New officers of the Dearborn-Ohio County Medical Society are: Drs. Edwin L. Gresham, Aurora, president; Alfred K. Rhodes, Lawrenceburg, vice-president; J. Kenneth Jackson, Aurora, secretary-treasurer; Leslie M. Baker and Gordon S. Fessler, delegates and Ivan T. Lindgren and Amado S. Mauricio, alternates.

Delaware-Blackford

The Delaware-Blackford County Medical Society has elected the following new officers: Drs. Donald R. Taylor, president; John R. Stanley, vice-president; James M. Walker, secretary; James A. McClintock, treasurer; Thomas M. Brown, Glynn A. Rivers and Dean B. Jackson, delegates and Clyde G. Botkin, Ross L. Egger and Richard Ingram, alternates.

Hamilton

Dr. Clayton Thomas, Carmel, is the newly-elected president of the Hamilton County Medical Society. Assisting him will be Dr. Eunice Carter, Noblesville, as vice-president and Dr. Paul Waitt, Noblesville, secretary-treasurer.

Hancock

New officers of the Hancock County Medical Society are: Drs. Wilbur Beeson, Greenfield, president; John J. Farrell, Jr., Greenfield, vice-president; Bob R. Cagle, New Palestine, secretary-treasurer and Wayne H. Endicott, Greenfield, delegate.

Henry

The Henry County Medical Society has elected Dr. Frank C. McDonald, president; Dr. James S. McElroy, vice-president; Dr. Phyllis Grant, secretary-treasurer; Dr. Kenneth Hill, delegate and Dr. William C. Heilman, Jr., alternate. All the new officers are from New Castle.

Howard

Dr. Richard C. Fretz is the newly-elected president of the Howard County Medical Society. Other officers are: Drs. Myrle E. Artis, vice-president; Charles F. Smith, secretary-treasurer; Warren N. McClure, delegate and Richard W. Halfast, alternate. All of the new officers are from Kokomo.

Jay

Dr. C. Franklin Andrews, Geneva is the president and Dr. Alfonso E. Lopez, secretary-treasurer of the Jay County Medical Society.

Jefferson-Switzerland

The Jefferson-Switzerland County Medical Society has elected the following as its new officers: Drs. W. K. Sloan, president; Marcella Modisett, vice-president and Ott B. McAtee, secretary-treasurer, all of Madison.

LaGrange

Dr. Lloyd R. Studebaker is the new president of the LaGrange County Medical Society. Other new officers include: Drs. Charles D. Benedict, vice-president and Michael O. Mellinger, secretary-treasurer. All are from LaGrange. Delegate will be Dr. Phillip Yunker, Howe, and alternate will be Dr. Kenneth M. Lehman, Topeka.

LaPorte

New officers of the LaPorte County Medical Society are: Drs. David Morton, president; Peter J. Pilecki, vice-president; William Wolf, secretary-treasurer; G. O. Larson and Thomas Armstrong, delegates and J. C. Richter and Frank J. McGue, alternates.

Morgan

Dr. Edgar Kourany, Mooresville is the new presi-

dent and Dr. R. W. Van Bokkelen, secretary-treasurer of the Morgan County Medical Society. Dr. E. T. Drake, Martinsville will be delegate and Dr. O. R. Wilson, Morgantown, alternate.

Pike

Dr. Milton H. Omstead, Petersburg, is the president, secretary-treasurer and delegate of the Pike County Medical Society.

Randolph

Newly-elected officers of the Randolph County Medical Society are: Drs. Crystal R. Slick, Winchester, president; M. E. McClure, Union City, vice-president; and D. J. Landon, Union City, secretary-treasurer.

Scott

Officers of the Scott County Medical Society for 1966 are: Drs. Carl R. Bogardus, Austin, president; Ignacio B. Castro, Scottsburg, secretary-treasurer; Marvin L. McClain, Scottsburg, delegate and Thomas Neathamer, Scottsburg, alternate.

Starke

The Starke County Medical Society has elected Dr. Clark McClure, Knox, as its president; Dr. Guy B. Ingwell, vice-president; Dr. W. Allen Palmer, secretary-treasurer; Dr. Ingwell, delegate and Dr. McClure, alternate. All of the new officers are from Knox.

Vigo

New officers of the Vigo County Medical Society are: Drs. Wilbert McIntosh, Riley, president and Dr. Robert L. Meissel, Terre Haute, secretary-treasurer.

Wayne-Union

Dr. James M. Sheldon spoke on "Current Aspects in Treatment of Asthma" at the Dec. 14 meeting of the Wayne-Union County Medical Society.

Whitley

Dr. Otto Lehmberg is the new president of the Whitley County Medical Society. Other new officers are: Drs. James R. Roth, vice-president; Linus J. Minick, secretary-treasurer; Thomas Hamilton, delegate and C. J. Heritier, alternate. ◄

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Deaths

Carl H. Brauchla, M.D.

Dr. Carl H. Brauchla, 79, Anderson physician for many years, died Dec. 25 at his home following an illness of five years.

Graduated from the I. U. School of Medicine in 1917, Dr. Brauchla was a general practitioner. He was a member of the Madison County Medical Society and a Senior Member of ISMA.

Milton A. Tremain, M.D.

Dr. Milton A. Tremain, prominent Decatur county physician whose record of service in the medical profession spanned nearly 64 years, died Dec. 4 at Shelbyville. He was 88.

Graduated from the Louisville Medical College in 1901, Dr. Tremain retired in 1964 from Adams and went to Greensburg. Soon after being graduated, Dr. Tremain went to Milford, where he practiced almost two years. He then located at Adams, where he was a physician for 62 years. He was a Senior Member, member of the ISMA 50-Year Club and the Decatur County Medical Society. ◄

THE COUNCIL

October 14, 1965

The Council met for its second meeting at the close of the final session of the House of Delegates on Thursday, October 14, 1965, in the Little Auditorium at the Athenaeum, Indianapolis, with a quorum present.

1. *Chairman of Council.* By secret ballot, Dr. E. T. Edwards, Vincennes, was elected chairman of the Council for 1965-66.

2. *Executive Committee.* Drs. Ralph V. Everly and G. O. Larson were re-elected members of the Executive Committee for 1965-66.

There being no further business, the meeting was adjourned.

COMMERCIAL ANNOUNCEMENTS

WANTED: General practitioner; interest in anesthesia would be helpful, but not necessary. This city has a population of approximately 15,000 with 97 lakes in the county. Other physicians in the community will assist in getting a practice started. Write Carl E. Shrader, M.D., 600 E. Winona Ave., Warsaw, Ind.

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UROLOGIST for specialty partnership in California. Write Box 323, The Journal, ISMA, 3935 N. Meridian St., Indianapolis, Ind.

INTERNIST URGENTLY NEEDED: Eleven-man medical group in northwestern Ohio college and industrial center needs board certified or eligible internist. Details available on request. Contact: Defiance Clinic, P. O. Box 218, Defiance, Ohio 43512.

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PHYSICIANS NEEDED: Prosperous Northwest Indiana community. Modern clinic; space for two physicians; attractive proposition; real opportunity for right individuals; 20 minutes to hospitals. Contact Community Development Corporation of DeMotte, DeMotte, Ind. Phone 219-987-2600.

WANTED: Pediatrician to practice with group of four general practitioners, one general surgeon and one gynecologist. Salary $20,000 first year, then partnership. Contact F. D. Hoham, M.D., Portage Clinic, Portage, Ind.

WANTED: At once, general practitioner for the progressive and growing town of Brookville, Franklin County, Ind., in the heart of the beautiful, scenic and historic Whitewater Valley. Please contact David P. Barrett, attorney, Chamber of Commerce, 507 Main St., Brookville, Ind. Phone 317-647-5811.

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FOR SALE: White and chrome examination chair-table, excellent condition. Contact Mrs. T. L. Wilson, P. O. Box 1206, Bloomington, or phone 332-1555.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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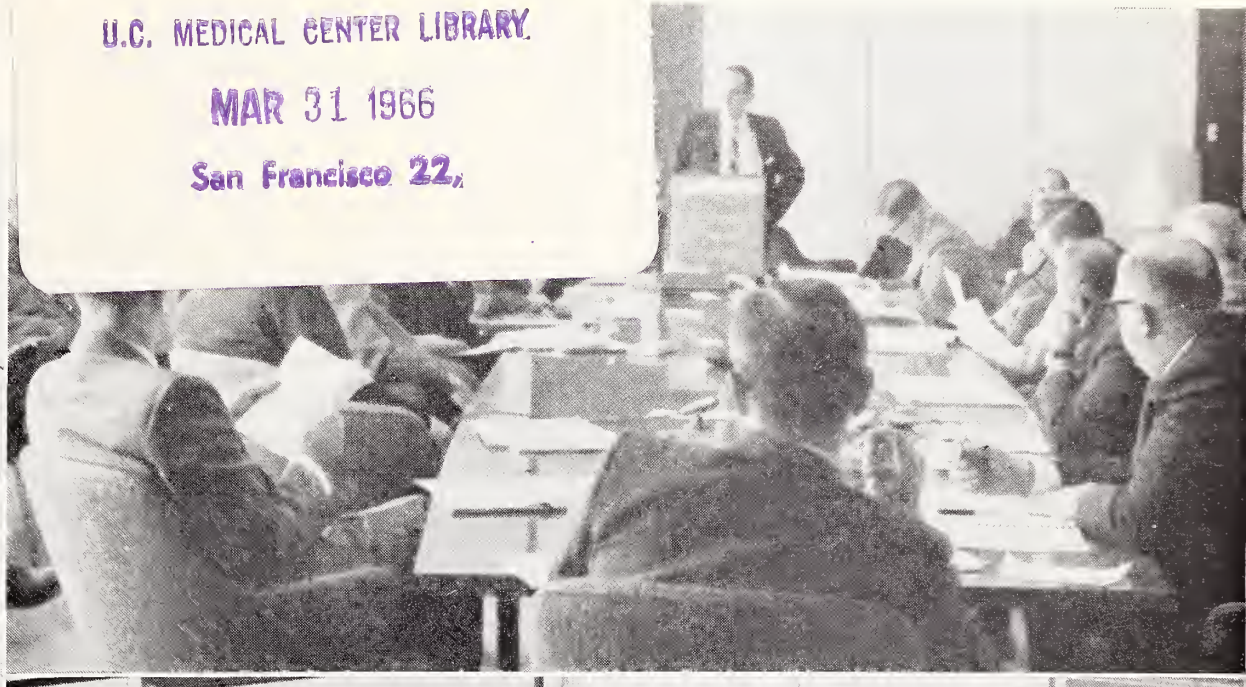
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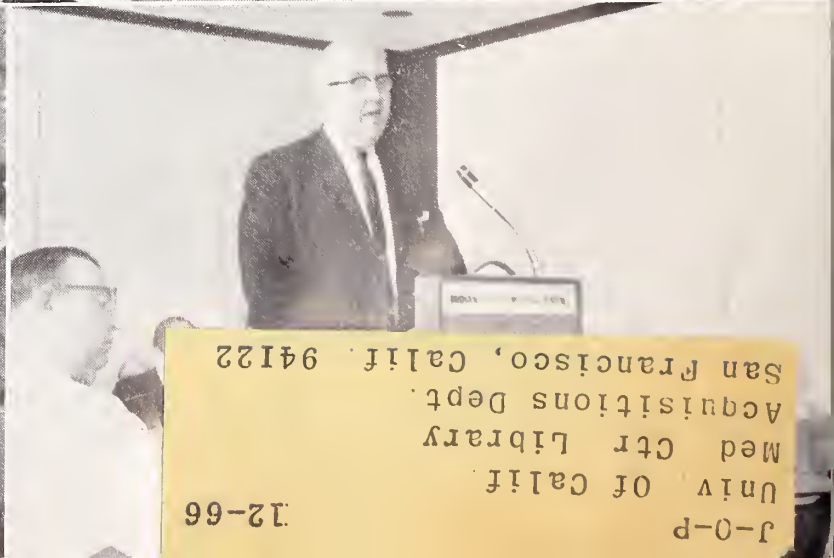












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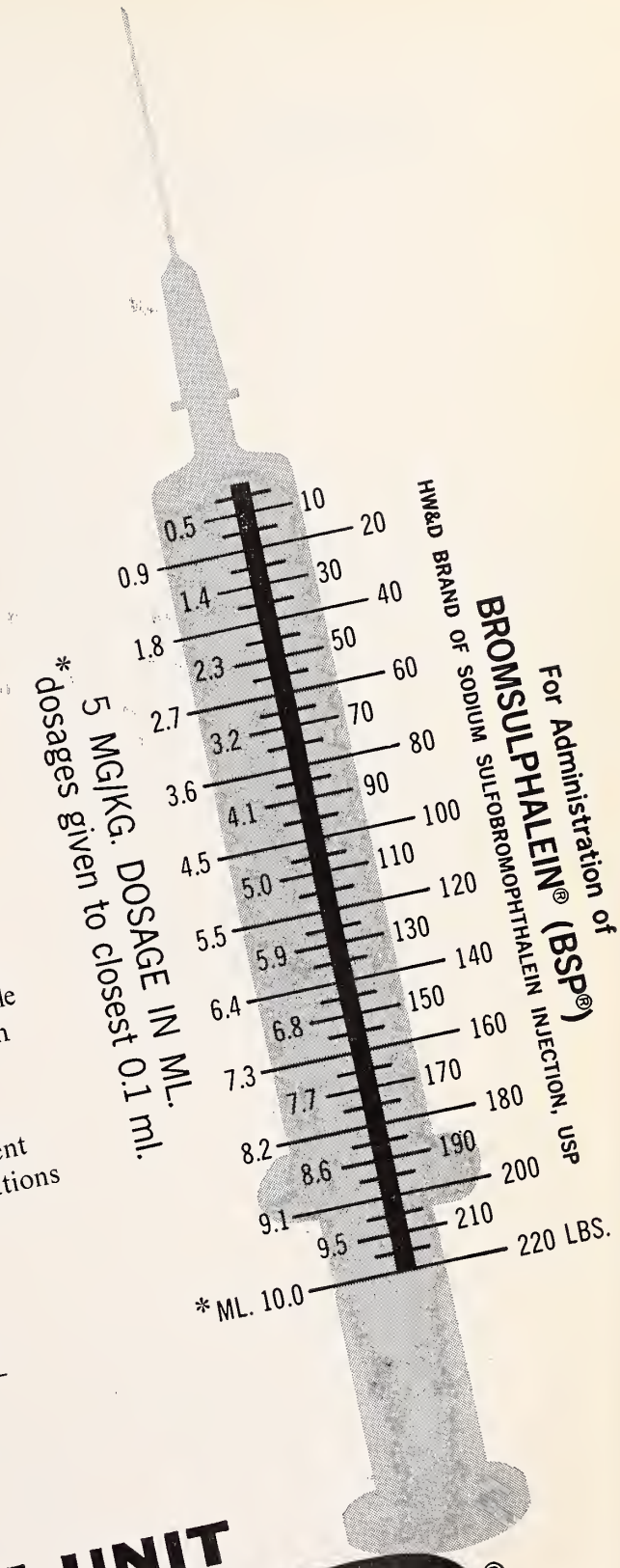
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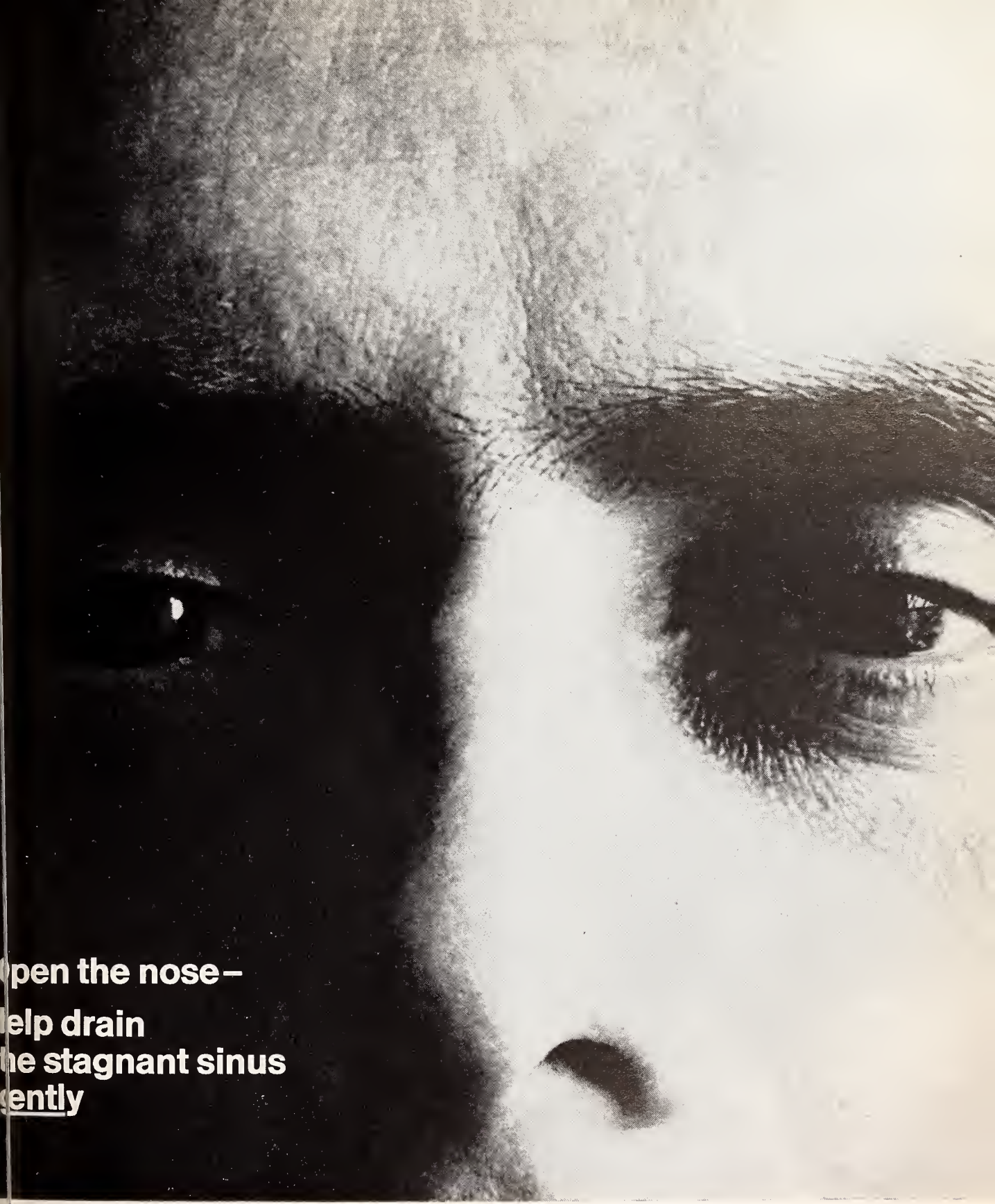
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3—Danald M. Kerr, Bedfard	Oct. 1967
4—Rabert M. Reid, Calumbus	Oct. 1968
5—V. Earle Wiseman, Greencastle	Oct. 1966
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10—Lawell H. Steen, Whiting	Oct. 1968
11—Lawell Hillis, Laganspart	Oct. 1966
12—Milton F. Papp, Fart Wayne	Oct. 1967
13—Otis R. Bawen, Bremen	Oct. 1968

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3—Elmer L. Wallace, New Albany	1968
4—Jack E. Shields, Brownstown	1967
5—A. W. Cavins, Terre Haute	1966
6—Frank Green, Rushville	1966
7—Charles A. Janes, Franklin	Spring, 1966
8—Paul Sparks, Winchester	1966
9—Clarence G. Kern, Lebanan	Fall, 1968
10—Lee Trachtenberg, Hammand	Fall, 1966
11—	
12—William Clark, Fort Wayne	Spring, 1968
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E. S. Janes, Hammand	Rabert M. Brawn, Marian
Francis L. Land, Fart Wayne	Frank H. Green, Rushville

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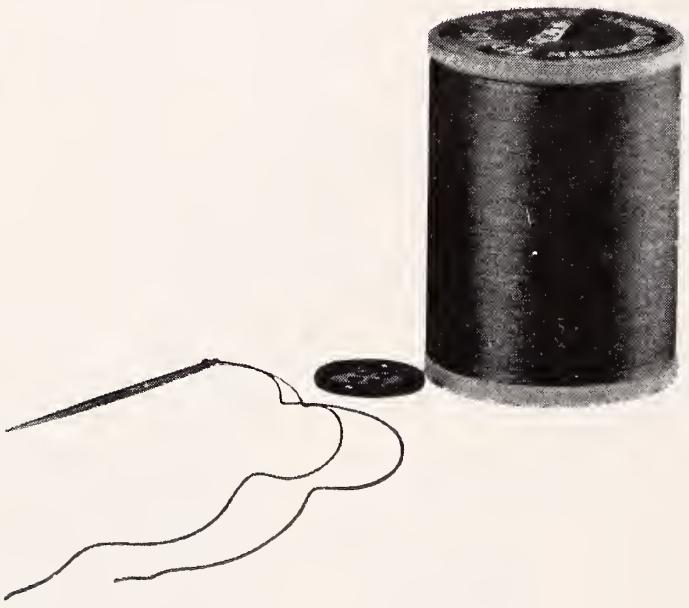


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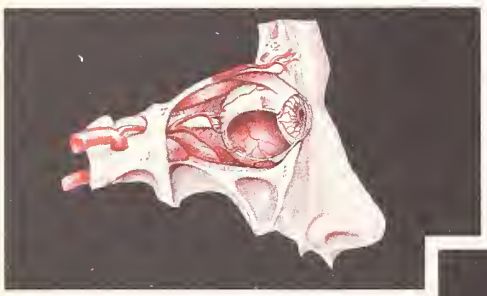
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12.	Warren L. Niccum, Columbia City	Kenneth F. Isenogle, Fort Wayne	Bluffton, May 18, 1966
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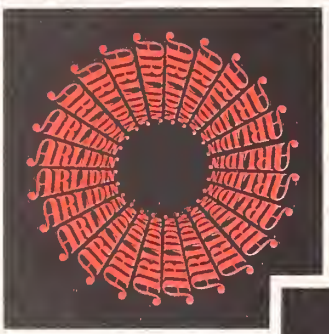


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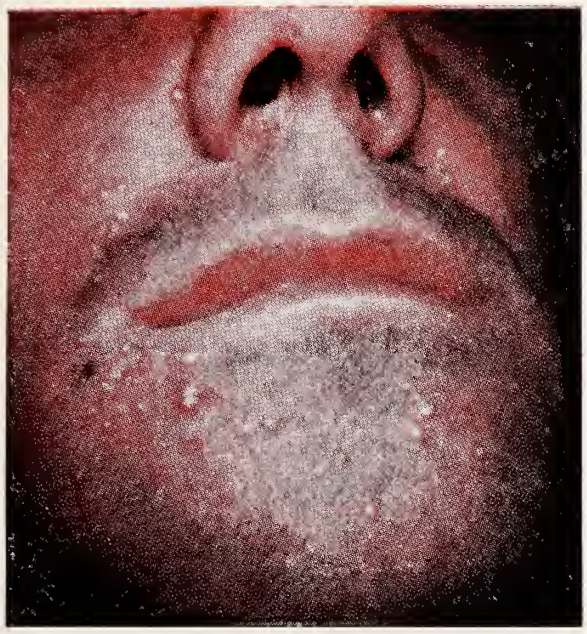
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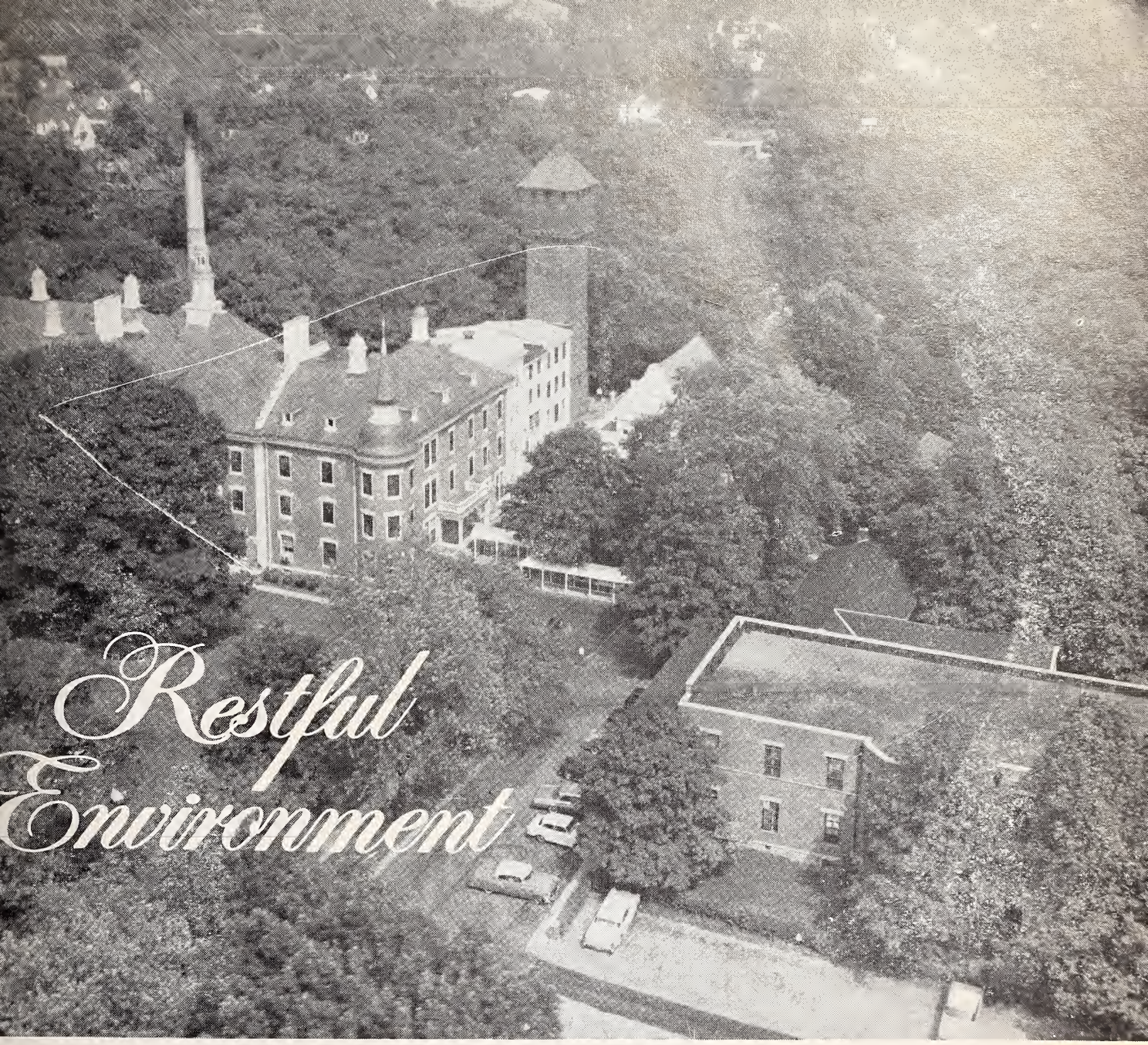
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MONTH IN WASHINGTON

WASHINGTON, D. C.—President Johnson has put a price tag of about $4.5 billion on his fiscal 1967 health programs, both domestic and international.

The President's fiscal 1967 budget, for the year beginning next July 1, calls for spending about $4.3 billion on domestic health programs under the Department of Health, Education and Welfare. Cost of medicare benefits will be in addition to this total because they will be paid for by Social Security taxes.

Spending on domestic health programs would have been greater if some—such as the new heart disease, cancer and stroke program—had not been cut back because of increased costs of the Viet Nam war. The cutbacks mainly were effected by requesting smaller appropriations than Congress had approved. The appropriation requested for the heart disease, cancer and stroke program was only half of the $90 million authorized by Congress.

Johnson told Congress he would submit international health legislation to:

—create an International Career Service in Health;

—help meet health manpower needs in developing nations;

—combat malnutrition;

—control and eradicate disease;

—cooperate in worldwide efforts to deal with population problems.

Johnson said the United States must be prepared to help developing countries that ask for aid in controlling population expansion. He said:

". . . population growth now consumes about two-thirds of economic growth in the less-developed world. As death rates be steadily driven down, the individual miracle of birth becomes a collective tragedy of want."

Two federal reports—by the President's Council of Economic Advisers and the Social Security Administration—covered medical costs and overall national spending for health care.

The annual report of the economic council conceded that the "true" increase in medical costs may have been less than the dollar increase. The report said:

"In the most recent 5 years, medical costs have risen less rapidly than during the 1950's. This has been due primarily to the fact that prices of prescriptions and drugs have been declining. Also, the increase in charges for medical services—including doctors' and dentists' fees, eye examinations and eyeglasses, and hospital rates—has slowed down in comparison with the earlier period.

"The higher hospital and doctor charges reflected in the consumer price index may overstate the true increase in the cost of medical care

Continued



The human spine is not engineered for prolonged sitting at desks, pianos, typewriters and drafting boards. The stresses set up by the heavy, forward-tilted head and trunk, balanced precariously on an insufficient base, result in strain of the dorsal musculature, particularly at the low lumbar level.

The unusual muscle-relaxant and analgesic properties of 'Soma' make it especially useful in the treatment of low back sprains and strains. 'Soma' is widely prescribed ☐ **to relieve pain** ☐ **to relax muscles** ☐ **to restore mobility.**

Indications: 'Soma' is useful for management of muscle spasm, pain, and stiffness in a variety of inflammatory, traumatic, and degenerative musculoskeletal conditions. It also may act to normalize motor activity in certain neurologic disturbances.

Contraindications: Allergic or idiosyncratic reactions to carisoprodol.

Precautions: 'Soma', like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g., meprobamate.

Side Effects: The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms.

One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reactions, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

Dosage: Usual adult dose is one 350 mg. tablet three times daily and at bedtime.

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when account is taken of the rising effectiveness of the care received. With the dramatic improvements in medical technology that have taken place over the postwar period, many patients get more real 'services' from each day's stay in the hospital, or each visit to the doctor, than before."

The Social Security Administration reported that the nation spent $36.8 billion in 1964 for health care, almost tripling the $12.9 billion spent in 1950. Per capita expenditures more than doubled in the 15 year period, rising from $84 to $191 per person.

Over 90% of the 1964 expenditures were for health services and supplies. The balance was spent for medical research and construction of medical facilities.

There was a considerable shift in method of payment for personal health services from direct out-of-pocket payments to third-party payments. Payments by third parties which include insurance benefits, government payments and philanthropic payments, met slightly over one-third of the personal health care expenditures in 1950 and almost half of these expenditures in 1964.

Government payments continued to provide about 22% of the funds for all personal health services.

JUSTICE DEPARTMENT ORDERS FEDERAL COORDINATION

The Justice Department has ordered coordination of federal procedures to assure that medical facilities and institutions of higher learning which receive government funds do not practice racial discrimination.

The Department of Health, Education and Welfare was assigned the main responsibilities, including:

-Preparing and distributing a compliance form to be submitted by all medical facilities and institutions of higher learning which receive federal money, and evaluating the submitted forms.

-Conducting periodic reviews of recipients and investigating any discrimination complaints against them.

-Attempting to secure voluntary compliance and notifying other departments and agencies when any such effort fails.

KREBIOZEN NOT ACQUITTED JUST BECAUSE BACKERS WERE

Both the American Medical Association and the Food and Drug Administration have warned the public against interpreting the acquittal of the promoters of krebiozen as meaning it is effective in the treatment of cancer.

A federal court jury in Chicago found the promoters not guilty of fraud.

"The results of a criminal proceeding should not be interpreted as establishing efficacy of the alleged new drug called krebiozen by its promoters," the AMA said. "Cancer sufferers should consult with their physicians and not try to determine for themselves what is the best course of treatment in their own individual cases."

"As far back as 1963, krebiozen was proved to be nothing more than mineral oil and creatine, a common laboratory chemical," the FDA said. "That scientific judgment still stands. The FDA will carry out its responsibility to the public by doing whatever will be necessary to keep krebiozen out of interstate commerce. We will do this as a life-saving activity. Each day a person with treatable cancer relies upon krebiozen is a day that brings him closer to death." ◄

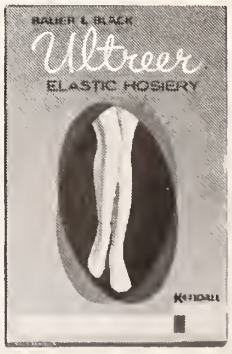
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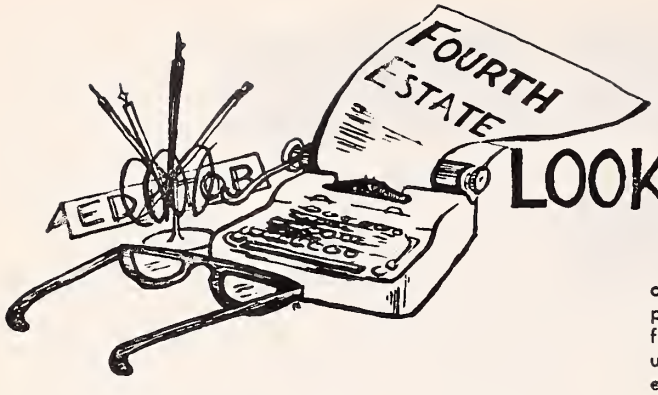


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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Prognosis for Medical Care

The United States is suffering from a malady that could have an increasingly serious effect upon the health of the nation—a scarcity of doctors.

Although we have more and better doctors than any country in the world, there simply will not be enough in coming years to cope with the revolutionary expansion of medical care already under way.

The controversial Medicare program is only one aspect of the explosion in the number of those who can afford medical attention, as *Times* Medical Editor Harry Nelson pointed out in a recent series of articles. The effect of private and industrial health insurance programs as well as other government efforts have created an unprecedented demand for medical services.

At the same time, the store of medical knowledge has dramatically increased. More reports of new medical information, techniques and equipment have been published since 1950 than in all previous centuries.

Yet the number of doctors to apply this new knowledge to an ever greater number of patients is growing at a disturbingly slow rate.

The present total of 282,884 licensed physicians must be doubled by the year 2000, according to Dr. James Z. Appel, president of the American Medical Assn. The U.S. surgeon general's office estimates that tens of thousands more doctors must be trained within just the next decade.

To accomplish those goals and to make far better use of all medical facilities will require the close co-operation of organized medicine, medical schools and the government. Somehow the quantity of medical care must be expanded without the sacrifice of quality—or the need of excessive governmental intervention.

New and expanded medical schools are one obvious, and expensive, answer. A 50% increase in the 7,400 M.D. degrees now awarded annually would necessitate the spending of billions of dollars. Congress this year voted $480 million in matching construction funds over a three-year period. A new medical school, however, requires not only expensive buildings and equipment but professional faculty members, who are in short supply.

More efficient use of medical manpower and facilities is the second and even more difficult challenge. This will require new approaches by the medical profession and schools — with government help rather than domination.

A number of such approaches are under study, particularly correcting the glaring weakness in medical care that results from the uneven quality of American hospitals.

Congress and the state legislatures can pass laws and vote money, but the prognosis for American medical care basically depends upon the response of the American medical profession.—*Los Angeles Times*, Dec. 6, 1965. ◄

Your contribution to the AMA-ERF Student Loan Guarantee Fund multiplies 12½ times in generating education loan power for medical students, interns and residents. Give generously. AMA-ERF is located at 535 North Dearborn Street, Chicago, Illinois 60610.

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If she can't take plain amphetamine, put her on DESBUTAL® Gradumet

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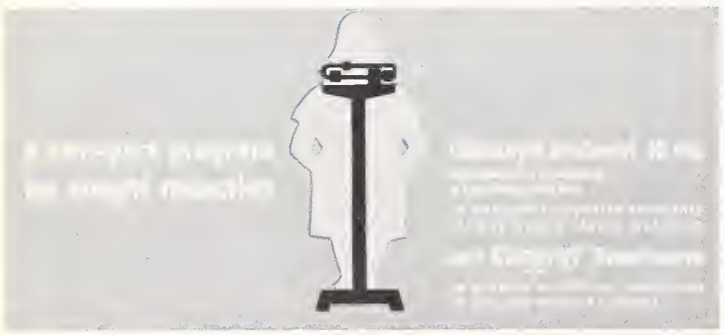
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15 mg. Methamphetamine Hydrochloride,
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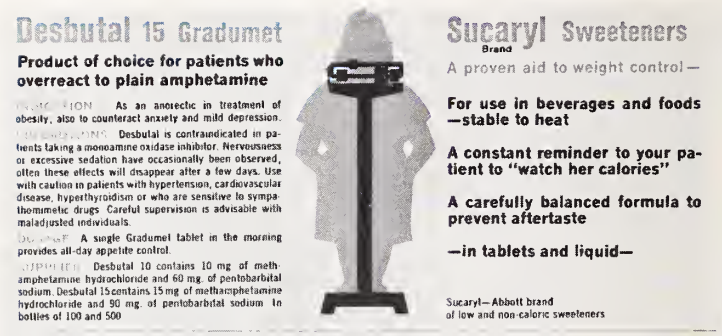


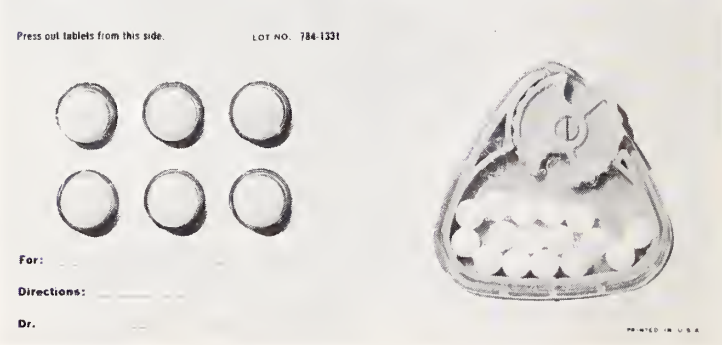
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Dosage: *Children under 25 pounds*—5 mg. per pound of body weight every six hours. *Children 25 to 50 pounds*—125 mg. every six hours. *Adults and children over 50 pounds*—250 mg. every six hours. For severe infections, these dosages may be doubled.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 59 — March 1966 — Number 3

Computers will never displace physicians. A computer produces wisdom and valid data only in proportion to the wisdom and accurate data which are provided for it. However, some clinical states of metabolism depend on physical laws sufficiently to allow analysis and diagnosis on a basis of reasoning akin to the "computer approach."

Computer Approach to Diagnosis of Body Fluid Disturbances

W. D. SNIVELY, JR., M.D.
ROBERT G. DICK, B.S.
Evansville

CIVILIZATION currently finds itself in a transition zone between the New Stone Age and an entirely different and vastly more complex age, as yet unnamed, but characterized by an almost explosive increase in the use of electronics. Electronic data processing is but one manifestation of this brave new world into which we are being carried, like it or not. Certainly, electronic data processing as carried out by the ubiquitous computer is assuming ever-increasing importance in medicine and the related sciences. The computer enjoys wide use in the analysis of research data and is giving new meaning to the science of information retrieval. An extensive program has utilized it to inquire into the causes of morbidity and mortality in premature infants. Through surveillance of hospital records, it has contributed to our knowledge of the incidence of various diseases.

Although the computer has been employed for differential diagnosis of diseases of the eye and as an aid in the diagnosis of various ailments, this work has been carried out in research centers. The computer has, to date, seen little use by the private practitioner of medicine. This lag in the application of the computer to clinical situations is partly due to the lack of equipment in locations convenient for practicing physicians. It is partly caused, also, by the realization that no computer can take the place of clinical judgment and that the output of a computer is never better than the clinical observations that are poured into it, or than the medical thought that guides its programming. As the computer experts say, "gigo," or, "garbage in, garbage out."

Acknowledging these facts, we can still maintain that the computer has great potentialities in clinical medicine for the systematic sorting and assembling of observations and for deductions concerning what these observations mean in terms of clinical diagnosis. Since body fluid disturbances

lend themselves ideally to systematic analysis, we decided to explore the technic of using the computer for their diagnosis. Having developed a method suitable for use with the computer, we found that a computer is not actually necessary for application of the method. Our work was not entirely in vain, though, since the "computer approach" that we had developed really bore fruit of three kinds:

1) The technic serves as a simple model for the use of the computer in diagnosis. If a physician desires, for example, to use the computer to help in the diagnosis of rare, complex diseases, the method presented here for the diagnosis of the relatively simple body fluid disturbances can serve as a model.
2) The computer approach to the diagnosis of body fluid disturbances can help the practicing physician in his systematic evaluation of the patient with one or more disturbances of body fluids. The clinical diagnosis that one arrives at by using the method is, of course, no better than the clinical observations and the clinical acumen of the clinician. It is a tentative diagnosis that must be re-examined, then evaluated from day to day in the light of the clinical progress of the patient. This holds true, of course, for diagnosis reached by whatever means. The method should be of especial use to physicians whose experience with body fluid disturbances has been limited or who sees patients with these disturbances infrequently.
3) The method offers a teaching aid for medical students, interns, and residents to help them master the all-important systematic approach to this diagnosis and to arrive at a better understanding of water and electrolyte problems, which occur in so many clinical situations.

The Clinical Picture Approach

In order to consider the computer approach to diagnosis of body fluid disturbances, let us first examine a new method of viewing these disturbances—the *clinical picture* approach.

These fluid disturbances are achieving an ever-increasing importance to the physician. Every seriously ill patient is a candidate for one or more of them. Even patients who are only mildly or moderately ill may not escape them. But despite their frequency and importance to the clinician, body fluid disturbances have been poorly understood. Why is this?

Perhaps much of the answer lies in the fact that the initial knowledge on this subject was presented to us by teachers who were biochemist-clinicians, or just biochemists. Quite naturally, they presented these disturbances in the light of their own research, which had been carried out in sharply circumscribed fields. As a result, much of the early teaching concerned itself with detailed descriptions of all the possible fluid disturbances that could occur in the one or two diseases on which the teacher had focused his research. These disturbances came to be regarded as *biochemical appendages of disease states* rather than as a *broad group of problems representing the common denominator of many ailments.* No overall view of these ubiquitous clinical problems was presented.

The subject, as taught, was so complex, was so saturated with the theoretical interests of the teacher-investigator and was presented in such depth and detail that most physicians came to regard body fluid disturbances as something difficult, if not impossible, for them to comprehend. Some physicians adopted the attitude that if they didn't look at water-electrolyte problems, the problems would go away. Even today, many physicians would sympathize with the student in the class of a famous pediatrician-biochemist who was asked if the instruction on a certain point was clear. He responded, "As clear as if written by Gertrude Stein backwards in Sanskrit."

A freshly different approach to the understanding of these fluid disturbances was introduced by Dr. Carl Moyer, a surgeon, and later enlarged upon by Dr. Michael Sweeney and the senior author. The method can be termed the *clinical picture* approach. In understanding it, one should first recognize that disturbances of water and elec-

trolytes are produced by a fairly small number of mechanisms, most of which are readily understandable. Some of the disturbances are what might be termed primary—for example, the sodium deficit that occurs when the individual sweats excessively and drinks only plain water. Other fluid disturbances occur secondary to disease. Examples are the base bicarbonate deficit (metabolic acidosis) that is found in uncontrolled diabetes mellitus, or the sodium excess that may occur in protracted watery diarrhea.

Although produced by a wide variety of etiologic factors, these disturbances can be divided into 16 clinical entities. Understanding of these entities enables the clinician to understand their combinations, as well as the interrelationships between these entities and other diseases.

There is really nothing new in this pedagogic approach. What *is* new is its application to disturbances of water and electrolytes. When clinical ailments, such as rheumatic fever, appendicitis, lobar pneumonia, or the contagious diseases, are presented to medical students, they are presented as clinical pictures. The student learns them as such, with each picture representing a composite that includes the clinical history, the subjective and objective symptoms and the laboratory data. As we apply the clinical picture approach, we examine the disturbances, learning the underlying mechanisms responsible for them, their etiology, their symptomatology, their laboratory findings. Then by applying simple physiologic principles, we can determine which disturbances will be likely to occur in which diseases and under which circumstances.

Essential to the application of the clinical picture approach—indeed, inherent in it—is a simple diagnostic classification. This diagnostic classification enables us to employ computer technics in diagnosing body fluid disturbances.

The classification divides these disturbances into some 16 basic imbalances, each with its own set of causative mechanisms, symptoms and laboratory findings. Sometimes an imbalance will exist by itself; at other times, it will occur in conjunction with one or more additional imbalances. These imbalances can be primary, or they can occur in association with other disease states. Sometimes we see a succession of imbalances, one after another. An example is the baby whose diarrhea is untreated and who develops, in this order, extracellular fluid volume deficit, primary base bicarbonate deficit (metabolic acidosis), potassium deficit, sodium excess, and, all too frequently, a fifth and final imbalance, death.

Since it is the extracellular fluid that is primarily involved in these disturbances, since it is this fluid that is available to us for laboratory examination, and since it is variations in the water and electrolytes of the extracellular fluid that produce the clinical pictures of fluid disturbances, we focus attention on this fluid in developing our diagnostic classification, which follows:

01) volume deficit of extracellular fluid
02) volume excess of extracellular fluid
03) sodium deficit of extracellular fluid
04) sodium excess of extracellular fluid
05) potassium deficit of extracellular fluid
06) potassium excess of extracellular fluid
07) calcium deficit of extracellular fluid
08) calcium excess of extracellular fluid
09) primary base bicarbonate deficit of extracellular fluid
10) primary base bicarbonate excess of extracellular fluid
11) primary carbonic acid deficit of extracellular fluid
12) primary carbonic acid excess of extracellular fluid
13) protein deficit of extracellular fluid
14) magnesium deficit of extracellular fluid
15) plasma-to-interstitial fluid shift of water and electrolytes
16) interstitial fluid-to-plasma shift of water and electrolytes

To proceed with the computer approach to diagnosis, refer to exhibits A, B, C and D. Exhibit A presents the 16 basic diagnostic entities of body fluid disturbances. Observe that under each entity are items from the history, symptoms and laboratory findings. These might be termed *diagnostic points*, of which there are 14 for each diag-

nostic entity. Exhibit B is a diagnostic sheet, to be used as a checklist by the physician in recording his clinical observations. Exhibit C is a computation sheet, which the physician can use in lieu of a computer. Exhibit D is a table of laboratory values showing normal ranges for different age groups, which is useful for reference purposes.

The diagnostic sheet constitutes an inventory by history, symptoms and laboratory findings. After each diagnostic point, one or more numbers is given. These numbers refer to the diagnostic entities of which the diagnostic point is indicative. For example, number 01 is extracellular fluid volume deficit, number 03 is sodium deficit, number 11 is primary carbonic acid deficit, and so on. For any finding that can be quantitated, such as a laboratory finding or a measurable gain in weight, two numbers are assigned. For example, acute weight loss—in excess of five percent—has the numbers 01, 01 after it.

To arrive at the diagnosis for a given patient, one proceeds through the inventory, using the diagnostic sheet, checking the positive items. He then jots down the numbers after the checked item in the appropriate positions on the computation sheet, or he merely hands the filled-in diagnostic sheet to the data processing organization. A girl punches the information onto IBM cards. A second girl verifies the cards for accuracy and makes any necessary corrections. A machine operator then sorts the cards into the proper sequence and processes them through the computer for a diagnosis. A computer program (a set of detailed instructions telling the computer exactly what to do) has been written for an IBM 1401 computer with 4,000 positions of memory, a card reader and a printer.

The computation sheet, like the computer, indicates the probable diagnoses, the possible diagnoses and the imbalances to be ruled out. The computer can also indicate the additional diagnostic points that one should consider in order to determine if imbalances graded as "possible" or "rule out" should be eliminated or classed as probable.

On the basis of the information provided by the computation sheet, the physician may want to refer back to the diagnostic entities sheet so that he can further investigate suspect imbalances. Examples as to how this is done are presented in the case histories. Diagnosis of body fluid disturbances using the computer approach presents the same problem that plagues clinicians: *many disturbances of the body fluids have diagnostic points in common.* The diagnostic entities sheet helps resolve these conflicts.

EXHIBIT A

DIAGNOSTIC ENTITIES FOR COMPUTER DIAGNOSIS OF BODY FLUID DISTURBANCES

Disturbances of the body fluids can be divided into 16 basic diagnostic entities. Recognition of these entities rests on three sorts of factors:

1) Historical factors—that is, the events that preceded the illness.
2) Symptomatic factors—that is, the patient's symptoms and physical findings, which the doctor discovers by questioning the patient and examining him.
3) Laboratory findings.

Below are listed historical factors, symptomatic factors and laboratory finding factors for each disease entity.

Diagnostic Entities

1) Volume deficit of extracellular fluid:
 a. *History*
 - decreased water intake
 - diarrhea
 - draining fistula
 - intestinal obstruction
 - systemic infection
 - vomiting
 b. *Symptoms*
 - acute weight loss—in excess of five percent
 - body temperature drop
 - dryness of skin and mucous membranes
 - longitudinal wrinkles or furrows of tongue
 - oliguria or anuria
 c. *Laboratory findings*
 - packed cell volume or hemoglobin increased
 - red blood cell count increased

2) Volume excess of extracellular fluid:
 a. *History*
 - congestive heart failure
 - excessive adrenal cortical hormones
 - excessive ingestion of sodium chloride
 - hyperaldosteronism
 - parenteral infusion of isotonic solution of sodium chloride
 - renal disease

b. *Symptoms*
- acute weight gain—in excess of five percent
- edema
- edema of tissues at operation
- moist rales in lungs
- puffy eyelids
- shortness of breath

c. *Laboratory findings*
- packed cell volume or hemoglobin decreased
- red blood cell count decreased

3) Sodium deficit of extracellular fluid:

a. *History*
- excessive sweating plus drinking plain water
- gastrointestinal suction plus drinking plain water
- inhalation of fresh water
- parenteral electrolyte-free solution
- potent diuretic
- water edema

b. *Symptoms*
- abdominal cramps
- apprehension
- convulsions
- fingerprinting on sternum
- oliguria or anuria

c. *Laboratory findings*
- chloride of plasma below 98 mEq./L
- sodium of plasma below 137 mEq./L
- specific gravity of urine below 1.010

4) Sodium excess of extracellular fluid:

a. *History*
- decreased water intake
- diarrhea
- excessive ingestion of sodium chloride
- inhalation of salt (ocean) water
- tracheobronchitis
- unconsciousness

b. *Symptoms*
- dry, sticky mucous membranes
- flushed skin
- oliguria or anuria
- thirst
- tongue rough and dry

c. *Laboratory findings*
- chloride of plasma above 106 mEq./L
- sodium of plasma above 147 mEq./L
- specific gravity of urine above 1.030

5) Potassium deficit of extracellular fluid:

a. *History*
- burn after third day
- diabetic acidosis
- diarrhea
- draining fistula
- parenteral potassium-free solution
- potent diuretic
- ulcerative colitis
- vomiting

b. *Symptoms*
- anorexia
- gaseous distention of intestines
- silent intestinal ileus
- soft, flabby muscles
- weakness

c. *Laboratory findings*
- electrocardiograph shows low voltage, flattened T wave, depressed ST segment
- potassium of plasma below 4 mEq./L

6) Potassium excess of extracellular fluid:

a. *History*
- adrenal insufficiency
- burn, early
- excessive parenteral administration of potassium
- massive crushing injury
- mercuric bichloride poisoning
- oliguria or anuria
- oral intake of potassium exceeding renal tolerance
- renal disease

b. *Symptoms*
- diarrhea
- intestinal colic
- irritability
- nausea

c. *Laboratory findings*
- electrocardiograph shows high T wave, depressed ST segment
- potassium of plasma above 5.6 mEq./L

7) Calcium deficit of extracellular fluid:

a. *History*
- acute pancreatitis
- excessive administration of citrated blood
- massive infection of subcutaneous tissues
- parenteral administration of calcium-free solution
- primary hypoparathyroidism
- recent correction of acidosis
- sprue

b. *Symptoms*
- abdominal cramps
- carpopedal spasm
- muscle cramps
- tetany
- tingling of ends of fingers

c. *Laboratory findings*
- calcium of plasma below 4.5 mEq./L
- Sulkowitch test on urine: no precipitation

8) Calcium excess of extracellular fluid:
 a. *History*
 - excessive administration of vitamin D
 - hyperparathyroidism
 - multiple myeloma
 - parathyroid tumor
 - pathologic fracture
 - prolonged immobilization
 - renal disease
 b. *Symptoms*
 - bone cavitation
 - deep bony pain
 - flank pain
 - kidney stones
 - muscle hypotonicity
 c. *Laboratory findings*
 - calcium of plasma above 5.8 mEq./L
 - Sulkowitch test on urine: heavy precipitation

9) Primary base bicarbonate deficit of extracellular fluid:
 a. *History*
 - decreased food intake
 - diabetic acidosis
 - ketogenic diet
 - parenteral infusion of isotonic solution of sodium chloride
 - renal disease
 - salicylate intoxication (not early)
 - systemic infection
 b. *Symptoms*
 - deep, rapid breathing (Kussmaul)
 - shortness of breath on exertion
 - stupor
 - weakness
 c. *Laboratory findings*
 - bicarbonate of plasma below 25 mEq./L in adults; below 20 mEq./L in children
 - pH of plasma below 7.35
 - pH of urine below 6

10) Primary base bicarbonate excess of extracellular fluid:
 a. *History*
 - excessive adrenal cortical hormones
 - excessive ingestion of sodium bicarbonate
 - gastrointestinal suction
 - parenteral potassium-free solution
 - potassium deficit
 - potent diuretic
 - vomiting
 b. *Symptoms*
 - bicarbonate of plasma above 29 mEq./L in adults; above 25 mEq./L in children
 - pH of plasma above 7.45
 - pH of urine above 7.0
 - potassium of plasma below 4 mEq./L

11) Primary carbonic acid deficit of extracellular fluid:
 a. *History*
 - anxiety
 - early salicylate intoxication
 - extreme emotion
 - fever
 - hysteria
 - intentional overbreathing
 - oxygen lack
 - rapid breathing (not Kussmaul)
 b. *Symptoms*
 - convulsions
 - tetany
 - unconsciousness
 c. *Laboratory findings*
 - bicarbonate of plasma below 25 mEq./L in adults; below 20 mEq./L in children
 - pH of plasma above 7.45
 - pH of urine above 7.0

12) Primary carbonic acid excess of extracellular fluid:
 a. *History*
 - asthma
 - barbiturate poisoning
 - breathing excessive carbon dioxide
 - emphysema
 - morphine poisoning
 - occlusion of breathing passages
 - pneumonia
 b. *Symptoms*
 - coma
 - disorientation
 - respiratory embarrassment
 - weakness
 c. *Laboratory findings*
 - bicarbonate of plasma above 29 mEq./L in adults; above 25 mEq./L in children
 - pH of plasma below 7.35
 - pH of urine below 6

13) Protein deficit of extracellular fluid:
 a. *History*
 - burn after third day
 - decreased food intake
 - decubitus ulcers
 - fracture
 - loss of whole blood
 - severe trauma
 - wound drainage
 b. *Symptoms*
 - chronic weight loss
 - emotional depression
 - pallor
 - ready fatigue
 - soft, flabby muscles

c. *Laboratory findings*
- albumin of plasma below 4 grams/100 ml.
- packed cell volume, hemoglobin, or red blood cell count decreased (significant only if iron stores adequate)

14) Magnesium deficit of extracellular fluid:
a. *History*
- chronic alcoholism
- diarrhea
- enterostomy drainage
- impaired gastrointestinal absorption, medical
- impaired gastrointestinal absorption, surgical
- parenteral administration of magnesium-free solution
- vomiting

b. *Symptoms*
- Chvostek sign positive
- convulsions
- disorientation
- hyperactive deep reflexes
- positive therapeutic response to magnesium sulfate
- tremor

c. *Laboratory findings*
- magnesium of plasma below 1.4 mEq./L

15) Plasma-to-interstitial fluid shift of extracellular fluid:
a. *History*
- acute occlusion of major artery
- burn, early
- intestinal obstruction
- massive crushing injury
- perforated peptic ulcer
- severe trauma

b. *Symptoms*
- cold extremities
- low blood pressure
- pallor
- tachycardia
- weak to absent pulse
- weakness

c. *Laboratory findings*
- packed cell volume or hemoglobin increased
- red blood cell count increased

16) Interstitial fluid-to-plasma shift of extracellular fluid:
a. *History*
- burn after third day
- excessive infusion of large molecular solution (plasma, dextran, etc.)
- fracture
- loss of whole blood

b. *Symptoms*
- air hunger
- bounding pulse
- cardiac dilatation
- engorgement of peripheral veins
- moist rales in lungs
- pallor
- ventricular failure
- weakness

c. *Laboratory findings*
- packed cell volume or hemoglobin decreased
- red blood cell count decreased

EXHIBIT B

D.P. No.:_____
Case No.:_____
Name:_____
Age:_____
Sex:_____
Date:_____

DIAGNOSTIC SHEET FOR COMPUTER DIAGNOSIS OF BODY FLUID DISTURBANCES

INSTRUCTIONS: Make X in appropriate boxes under HISTORY, SYMPTOMS AND PHYSICAL FINDINGS, and LABORATORY FINDINGS.
Transmit this form to computer operator. Computer will arrive at probable diagnosis, possible diagnosis, or condition to be ruled out. Or, you may serve as your own computer by using the computation sheet.

HISTORY

Sensorium

- ☐ anxiety—11
- ☐ extreme emotion—11
- ☐ hysteria—11
- ☐ intentional overbreathing—11
- ☐ unconsciousness—04, 11

Decreased Intake

- ☐ decreased food intake—09, 13
- ☐ decreased water intake—01, 04
- ☐ impaired gastrointestinal absorption, medical—14
- ☐ impaired gastrointestinal absorption, surgical—14

Increased Output

- ☐ diarrhea—01, 04, 05, 06, 14
- ☐ draining fistula—01, 05
- ☐ enterostomy drainage—14
- ☐ excessive sweating plus drinking plain water—03
- ☐ gastrointestinal suction—10

- ☐ • intestinal obstruction—01, 15
- ☐ • loss of whole blood—13, 16
- ☐ • sprue—07
- ☐ • ulcerative colitis—05
- ☐ • vomiting—01, 05, 10, 14
- ☐ • wound drainage—13

Acute Illness

- ☐ • acute occlusion of major artery—15
- ☐ • acute pancreatitis—07
- ☐ • adrenal insufficiency—06
- ☐ • diabetic acidosis—05, 09
- ☐ • fever—11
- ☐ • massive infection of subcutaneous tissues —07
- ☐ • occlusion of breathing passages—12
- ☐ • oliguria or anuria—01, 03, 04, 06
- ☐ • oxygen lack—11
- ☐ • perforated peptic ulcer—15
- ☐ • pneumonia—12
- ☐ • systemic infection—01, 09
- ☐ • tracheobronchitis—04

Chronic Illness

- ☐ • asthma—12
- ☐ • chronic alcoholism—14
- ☐ • conjestive heart failure—02
- ☐ • emphysema—12
- ☐ • hyperaldosteronism—02
- ☐ • hyperparathyroidism—08
- ☐ • multiple myeloma—08
- ☐ • parathyroid tumor—08
- ☐ • potassium deficiency—10
- ☐ • primary hypoparathyroidism—07
- ☐ • renal disease—02, 06, 08, 09

Burn or Injury

- ☐ • breathing excessive carbon dioxide—12
- ☐ • burn after third day—05, 13, 16
- ☐ • burn, early—06, 15
- ☐ • fracture—13, 16
- ☐ • inhalation of fresh water—03
- ☐ • inhalation of salt (ocean) water—04
- ☐ • massive crushing injury—06, 15
- ☐ • pathologic fracture—08
- ☐ • severe trauma—13, 15

Medical Therapy

- ☐ • adrenal cortical hormones—02, 10
- ☐ • barbiturate poisoning—12
- ☐ • early salicylate intoxication—11
- ☐ • excessive administration of citrated blood —07
- ☐ • excessive administration of vitamin D—08
- ☐ • excessive infusion of large molecular solution—16
- ☐ • excessive ingestion of sodium bicarbonate —10
- ☐ • excessive ingestion of sodium chloride—02, 04
- ☐ • excessive parenteral administration of potassium—06
- ☐ • gastrointestinal suction plus drinking plain water—03
- ☐ • ketogenic diet—09
- ☐ • mercuric bichloride poisoning—06
- ☐ • morphine poisoning—12
- ☐ • oral intake of potassium exceeding renal tolerance—06
- ☐ • parenteral administration of calcium-free solution—07
- ☐ • parenteral administration of magnesium-free solution—14
- ☐ • parenteral electrolyte-free solution—03
- ☐ • parenteral infusion of isotonic solution of sodium chloride—02, 09
- ☐ • parenteral potassium-free solution—05, 10
- ☐ • potent diuretic—03, 05, 10
- ☐ • prolonged immobilization—08
- ☐ • recent correction of acidosis—07
- ☐ • salicylate intoxication (not early)—09
- ☐ • water enema—03

SYMPTOMS — SUBJECTIVE AND OBJECTIVE

General

- ☐ • acute weight gain—in excess of five percent —02, 02
- ☐ • acute weight loss—in excess of five percent —01, 01
- ☐ • anorexia—05
- ☐ • apprehension—03
- ☐ • body temperature drop—01
- ☐ • bounding pulse—16
- ☐ • chronic weight loss—13
- ☐ • Chvostek sign positive—14
- ☐ • coma—12
- ☐ • convulsions—03, 11, 14
- ☐ • disorientation—12, 14
- ☐ • dryness of skin and mucous membranes —01
- ☐ • edema—02
- ☐ • emotional depression—13
- ☐ • engorgement of peripheral veins—16
- ☐ • flushed skin—04
- ☐ • hyperactive deep reflexes—14
- ☐ • irritability—06
- ☐ • longitudinal wrinkles or furrows of tongue —01
- ☐ • low blood pressure—15
- ☐ • nausea—06
- ☐ • pallor—13, 15, 16
- ☐ • positive therapeutic response to magnesium sulfate—14
- ☐ • ready fatigue—13
- ☐ • stupor—09
- ☐ • tachycardia—15
- ☐ • thirst—04
- ☐ • weak to absent pulse—15

Items Related to Body Areas

Upper

- ☐ • dry, sticky mucous membranes—04
- ☐ • puffy eyelids—02
- ☐ • shortness of breath—02
- ☐ • tongue rough and dry—04
- ☐ • tremor—14

Medium

- ☐ • abdominal cramps—03, 07
- ☐ • cardiac dilatation—16
- ☐ • carpopedal spasm—07
- ☐ • cold extremities—15
- ☐ • deep, rapid breathing (Kussmaul)—09
- ☐ • depressed breathing—10
- ☐ • edema of tissues at operation—02
- ☐ • fingerprinting on sternum—03
- ☐ • gaseous distention of intestines—05
- ☐ • intestinal colic—06
- ☐ • kidney stones—08
- ☐ • moist rales in lungs—02, 16
- ☐ • muscle cramps—07
- ☐ • muscle hypertonicity—10
- ☐ • muscle hypotonicity—08
- ☐ • rapid breathing (not Kussmaul)—11
- ☐ • respiratory embarrassment—12
- ☐ • shortness of breath on exertion—09
- ☐ • silent intestinal ileus—05
- ☐ • soft, flabby muscles—05, 13
- ☐ • tetany—07, 10, 11
- ☐ • tingling of ends of fingers—07
- ☐ • ventricular failure—16

Low

- ☐ • bone cavitation—08
- ☐ • deep bony pain—08
- ☐ • flank pain—08

LABORATORY FINDINGS

- ☐ • albumin of plasma below 4 grams per 100 ml.—13, 13
- ☐ • bicarbonate of plasma above 29 mEq./L in adults, above 25 mEq./L in children—10, 10, 12, 12
- ☐ • bicarbonate of plasma below 25 mEq./L in adults, below 20 mEq./L in children—09, 09, 11, 11
- ☐ • calcium of plasma above 5.8 mEq./L—08, 08
- ☐ • calcium of plasma below 4.5 mEq./L—07, 07
- ☐ • chloride of plasma above 106 mEq./L—04, 04
- ☐ • chloride of plasma below 98 mEq./L—03, 03
- ☐ • electrocardiograph shows high T wave, depressed ST segment—06, 06
- ☐ • electrocardiograph shows low voltage, flattened T wave, depressed ST segment—05, 05
- ☐ • magnesium of plasma below 1.4 mEq./L—14, 14
- ☐ • packed cell volume or hemoglobin decreased*—02, 02, 13, 13, 16, 16
- ☐ • packed cell volume or hemoglobin increased*—01, 01, 15, 15
- ☐ • pH of plasma above 7.45—10, 10, 11, 11
- ☐ • pH of plasma below 7.35—09, 09, 12, 12
- ☐ • pH of urine above 7—10, 10, 11, 11
- ☐ • pH of urine below 6—09, 09, 12, 12
- ☐ • potassium of plasma above 5.6 mEq./L—06, 06
- ☐ • potassium of plasma below 4 mEq./L—05, 05
- ☐ • red blood cell count decreased*—02, 02, 13, 13, 16, 16
- ☐ • red blood cell count increased*—01, 01, 15, 15
- ☐ • sodium of plasma above 147 mEq./L—04, 04
- ☐ • sodium of plasma below 137 mEq./L—03, 03
- ☐ • specific gravity of urine above 1.030—04, 04
- ☐ • specific gravity of urine below 1.010—03, 03
- ☐ • Sulkowitch test on urine: heavy precipitation—08, 08
- ☐ • Sulkowitch test on urine: no precipitation—07, 07

*See Table of Laboratory Values (Exhibit D) for norms for different ages.

Diagnostic Entities by Title

01) Volume deficit of extracellular fluid
02) Volume excess of extracellular fluid
03) Sodium deficit of extracellular fluid
04) Sodium excess of extracellular fluid
05) Potassium deficit of extracellular fluid
06) Potassium excess of extracellular fluid
07) Calcium deficit of extracellular fluid
08) Calcium excess of extracellular fluid
09) Primary base bicarbonate deficit of extracellular fluid
10) Primary base bicarbonate excess of extracellular fluid
11) Primary carbonic acid deficit of extracellular fluid
12) Primary carbonic acid excess of extracellular fluid
13) Protein deficit of extracellular fluid
14) Magnesium deficit of extracellular fluid
15) Plasma-to-interstitial fluid shift of water and electrolytes
16) Interstitial fluid-to-plasma shift of water and electrolytes

Each fluid balance entity has 14 diagnostic criteria.
six or more points=probable diagnosis
four or five points=possible diagnosis
three points=rule out

For each quantifiable value, two diagnostic numbers are assigned.

EXHIBIT C

COMPUTATION SHEET

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
Rule Out																
Possible Diagnosis																
Possible Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																
Probable Diagnosis																

Volume Deficit
Volume Excess
Sodium Deficit
Sodium Excess
Potassium Deficit
Potassium Excess
Calcium Deficit
Calcium Excess
Base Bicarbonate Deficit
Base Bicarbonate Excess
Carbonic Acid Deficit
Carbonic Acid Excess
Protein Deficit
Magnesium Deficit
Shift from Plasma to Interstitial Fluid
Shift from Interstitial Fluid to Plasma

Let us now consider three specific patients, applying the computer approach of diagnosis to their clinical problems:

Case #1: A six-month-old boy was admitted to the hospital with a history of a "cold" for one week and high fever for three days. He had not eaten solid food since the onset of the fever; had taken only a few sips of water during the 24 hours before admission and had last voided 12 hours before admission. He weighed 17 pounds at the onset of the illness. Physical examination revealed a child in opisthotonus with:

- rectal temperature 104° F.
- pulse 120
- respirations 40
- dry skin and mucous membranes
- surprisingly good tissue turgor
- rhinopharyngitis
- bilateral acute otitis media
- coarse rhonci in both lungs
- weight 7 Kg. (15.5 pounds)
- height 27 inches

EXHIBIT D

TABLE OF LABORATORY VALUES

NORMAL RANGES

A. Blood Formed Elements*

	Birth	3 mo.	1 yr.	5 yr.	12 yr.	Women	Men
RBC-million/cu. mm.	4.1-5.7	3.1-4.7	3.9-4.7	4.0-4.8	4.3-5.1	4.2-5.0	4.8-6.0
Hemoglobin - Gm./100 ml.	14-20	9-13	11-12.5	12-14.7	13.4-15.8	13-16	15-18
Hematocrit - % Vol. of packed RBC/100 ml.	43-63	28-40	32-40	36-44	39-47	39-47	44-52

B. Plasma Chemical Constituents

Plasma Na^+	137-147 mEq./L
Plasma K^+	4.0-5.6 mEq./L
Plasma Ca^{++}	4.5-5.8 mEq./L
Plasma mg^{++}	1.4-2.5 mEq./L
Plasma Cl^-	98-106 mEq./L
Plasma Protein	6-8 Gm./100 ml.
Plasma HCO_3^-	Adults: 25-29 mEq./L Children: 20-25 mEq./L
Plasma Cl^- plus Plasma HCO_3^-	123-135 mEq./L
Plasma pH	7.35-7.45
Plasma HPO_4^-	1.7-2.6 mEq./L

C. Urine Values

Urine pH	4.5-8.2
Urine specific gravity	1.010-1.030

* Covers 94% of normal population

Snively, W. D., Jr., Sweeney, M. J.: Fluid Balance Handbook for Practitioners, Charles C Thomas, Springfield, Illinois, 1956.

Laboratory examination of the blood revealed:

- hemoglobin 14 Gm.
- white blood count 18,000 with 69% polymorphonuclear cells
- plasma sodium 152 mEq./L
- plasma potassium 5.5 mEq./L
- plasma chloride 115 mEq./L
- plasma bicarbonate 10 mEq./L

Urinalysis of a specimen voided 30 minutes after onset of fluid therapy revealed:

- pH 5.5
- specific gravity 1.014
- trace of albumin
- acetone present

The cerebrospinal fluid was normal.

Inventorying this patient on the diagnostic sheet, we come up with the following diagnostic points:

- rapid breathing (not Kussmaul)—11
- decreased water intake—01, 04
- decreased food intake—09, 13
- systemic infection—01, 09
- oliguria or anuria—01, 03, 04, 06
- fever—11
- dryness of skin and mucous membranes—01
- acute weight loss—in excess of five percent—01, 01
- convulsions—03, 11, 14
- tachycardia—15
- packed cell volume or hemoglobin increased—01, 01, 15, 15
- plasma sodium above 147 mEq./L—04, 04
- plasma bicarbonate below 25 mEq./L in adults, below 20 mEq./L in children—09, 09, 11, 11
- plasma chloride above 106 mEq./L—04, 04
- urine pH below 6—09, 09, 12, 12

Recording these findings on the computation sheet, we find eight points under 01, extracellular fluid volume deficit; two points under 03, sodium deficit; six points under 04, sodium excess; two points under 06, potassium excess; six points under 09, primary base bicarbonate deficit; five points under 11, primary carbonic acid deficit; two points under 12, primary carbonic acid excess; one point under 13, protein deficit; one point under 14, magnesium deficit; and three points under 15, plasma-

to-interstitial fluid shift of water and electrolytes. We therefore have a probable diagnosis of *extracellular fluid volume deficit, sodium excess and primary base bicarbonate deficit* (metabolic acidosis).

We have a possible diagnosis of *primary carbonic acid deficit.* Primary carbonic acid deficit (respiratory alkalosis) does not appear likely from the clinical situation. Moreover, it is incompatible with the diagnosis of primary base bicarbonate deficit (metabolic acidosis), for which the computer has given us a probable diagnosis and which, moreover, appears reasonable from the clinical situation. Should one desire further to rule out primary carbonic acid deficit, he could do a plasma pH. If this was in the acid range, it would establish the diagnosis of primary base bicarbonate deficit and rule out primary carbonic acid deficit. We have one additional item to consider—plasma-to-interstitial fluid shift of water and electrolytes, for which we have three entries. Examining the history and symptoms, this diagnosis does not seem likely.

Case #2: An eight-year-old boy was admitted to the hospital because of vomiting and diarrhea of two days' duration. He had not retained oral feedings for 36 hours; had not voided for 24 hours and weighed about 60 pounds at the onset of the illness. Physical examination revealed a lethargic child with:

- rectal temperature 101° F.
- pulse 105
- respirations 24 (deep and regular)
- respirations 24 (deep and regular)
- blood pressure 110/80
- dry skin and mucous membranes
- acetone odor of the breath
- increase in intestinal peristaltic sounds
- weight 25 Kg. (55 pounds)
- height 50 inches

Laboratory examination of the blood revealed:

- hemoglobin 15 Gm.
- plasma sodium 148 mEq./L
- plasma potassium 5.0 mEq./L
- plasma bicarbonate 10 mEq./L
- plasma chloride 108 mEq./L

Examination of urine obtained by catheterization revealed:

- bladder urine volume 10 ml.
- pH 5.0
- specific gravity 1.032
- trace of albumin
- acetone present

Inventorying this patient by use of the diagnostic sheet, we find the following diagnostic points:

- decreased water intake—01, 04
- decreased food intake—09, 13
- vomiting—01, 05, 10, 14
- diarrhea—01, 04, 05, 06, 14
- oliguria or anuria—01, 03, 04, 06
- fever—11
- acute weight loss—in excess of five percent—01, 01
- tachycardia—15
- dry, sticky mucous membranes—04
- deep, rapid breathing (Kussmaul)—09
- plasma sodium above 147 mEq./L—04, 04
- plasma bicarbonate below 25 mEq./L in adults, below 20 mEq./L in children—09, 09, 11, 11
- plasma chloride above 106 mEq./L—04, 04
- specific gravity of urine above 1.030—04, 04
- urine pH below 6—09, 09, 12, 12

Recording our score on the computation sheet, we find seven entries for *extracellular fluid volume deficit,* a probable diagnosis; 10 entries for *sodium excess,* a probable diagnosis; six entries for *primary base bicarbonate deficit,* a probable diagnosis; three entries for *primary carbonic acid deficit,* a diagnosis to be ruled out. Primary carbonic acid deficit can be quickly ruled out, first because the clinical situation does not make it appear likely, and second because it is incompatible with primary base bicarbonate deficit, for which a probable diagnosis is established.

Case #3: A two-year-old girl was admitted to the hospital one hour after a generalized convulsive seizure. History revealed chronic "constipation," for which the mother had been giving two or three enemas a week. Because of a particularly long period of "constipation," the mother

had given 10 tap water enemas in the previous two days. Increasing lethargy was noted six hours before admission. A final enema was given three hours before admission. The child had urinated frequently during the two-day period. She normally weighed about 29 pounds (13 Kg.). Physical examination revealed a semistuporous child with:

- rectal temperature 99° F.
- pulse 115
- respirations 14
- blood pressure 120/90
- suggestion of bilateral papilledema
- fingerprinting of skin
- weight 14 Kg. (31 pounds)
- height 34 inches

Laboratory examination of the blood revealed:

- hemoglobin 9 Gm.
- plasma sodium 120 mEq./L
- plasma chloride 80 mEq./L
- plasma bicarbonate 25 mEq./L

Urinalysis revealed:

- pH 6.0
- specific gravity 1.002
- otherwise negative

The cerebrospinal fluid was normal.

Inventorying this patient on the diagnostic sheet, we come up with the following diagnostic points:

- water enema—03
- acute weight gain—in excess of five percent—02, 02
- convulsions—03, 11, 14
- fingerprinting on sternum—03
- hemoglobin decreased—02, 02, 13, 13, 16, 16
- plasma sodium below 137 mEq./L—03, 03
- plasma chloride below 98 mEq./L—03, 03
- specific gravity of urine below 1.010—03, 03

Recording these findings on the computation sheet, we find four points under 02, extracellular fluid volume excess; nine points under 03, sodium deficit; one point under 11; two points under 13; one point under 14; and two points under 16.

We have therefore, a probable diagnosis of sodium deficit, which, in view of the overwhelming evidence, appears certain. We have a possible diagnosis of extracellular fluid volume excess, which appears plausible. (With repeated water enemas, water would be absorbed into the extracellular fluid just as sodium and other electrolytes would pass from the extracellular fluid into the enema water in the gut.)

The significance of the decreased hemoglobin as an indication of extracellular fluid volume excess depends upon the state of iron nutrition. Thus, if the child was known to have a normal hemoglobin prior to the illness, a decreased hemoglobin would be indicative of a dilution of the formed elements of the blood by the increased volume of extracellular fluid. Corroborating the diagnosis of extracellular fluid volume excess is the suggestion of bilateral papilledema found on physical examination. (This finding is not included in the 14 key diagnostic points for sodium deficit.)

Comment

The computer approach to diagnosis of body fluid disturbances provides one with the disturbances probably present, those possibly present, and those that should be ruled out, provided the clinical observations on which the inventory is based are correct. The computer approach does not provide the definitive diagnosis, which lies in the physician's province, but it does aid the physician in making such a diagnosis. It also provides a method whereby apparent conflicts in diagnosis can be resolved and whereby questionable diagnoses can be ruled in or out.

Summary

The *computer approach* to diagnosis of body fluid disturbances here presented provides:

1) a model for the computer diagnosis of complex diagnostic problems;
2) a practical method for arriving at the possible and probable diagnoses in a patient with these disturbances; and
3) a teaching aid for familiarizing the student with the systematic approach to the diagnosis of disturbances of the body fluid.

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Precautions
Obtain a detailed history and a complete physical and laboratory examination, including a blood count. The patient should be closely supervised and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Make regular blood counts. Use greater care in the elderly.

Warning
If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy.

Adverse Reactions
The most common are nausea, edema and drug rash. Hemodilution may cause moderate fall in red cell count. The drug may reactivate a latent peptic ulcer. Infrequently, agranulocytosis, generalized allergic reaction, stomatitis, salivary gland enlargement, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hepatitis, jaundice, and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently.

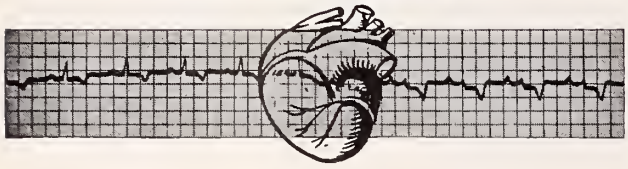
Dosage
The initial daily dosage in adults is 300-600 mg. daily in divided doses. In most instances, 400 mg. daily is sufficient. When improvement occurs, dosage should be decreased to the minimum effective level: this should not exceed 400 mg. daily, and is often achieved with only 100-200 mg. daily.

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Electrocardiogram
of the month



Presented as a regular feature of The JOURNAL, Electrocardiogram of the Month is a series of short talks on cardiovascular diagnosis and treatment, edited by the staff of the Krannert Heart Research Institute, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis.

Paroxysmal Atrial Tachycardia (PAT) with Block (3)

CHARLES FISCH, M.D.
Indianapolis

AS was indicated earlier, one of the features of PAT with block is the presence of a varying atrioventricular (AV) block greater than simple prolongation of the R-R interval. The tracing reproduced in Figure 1 demonstrates PAT with an atrial rate of 170 per minute and second degree AV block of the Wenckebach type. The P-R interval gradually prolonged from 0.18 seconds to 0.24 until a P wave is blocked. The R-R interval also presents the Wenckebach structure in which (1) the first R-R interval following a dropped beat is longer than the subsequent R-R intervals and (2) the R-R encompassing blocked P wave is shorter than two normal P-P cycles.

The QRS following the cycles with blocked P waves (long R-R) are aberrant and of the right bundle branch block morphology. These represent supraventricular conduction with aberrant intraventricular conduction following long R-R (Ashman phenomenon) and should not be confused with ventricular premature beats.

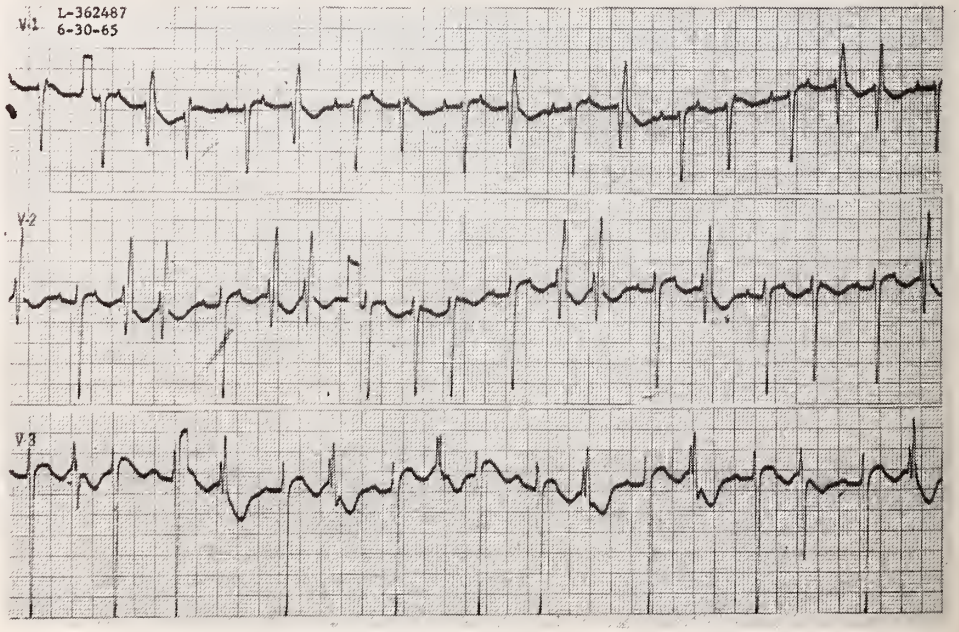
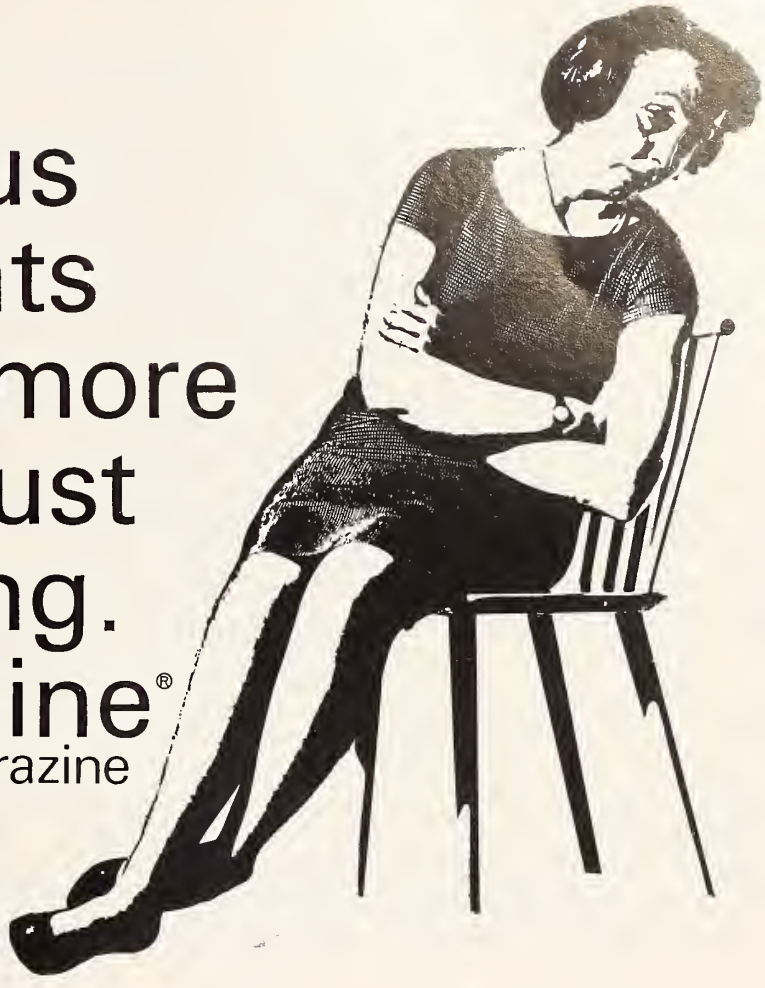


FIGURE 1
PAT with Wenckebach type, second degree AV block and aberrant intraventricular conduction.

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brand of trifluoperazine

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Sedative or muscle relaxant-type tranquilizers are often all that's needed for patients with temporary situational anxiety. But in the many patients whose anxiety presents a continuing problem these agents are limited by their generalized dulling effects.

'Stelazine' can attack anxiety directly without producing annoying dulling effects. On 'Stelazine', patients can react more normally to day-to-day stress yet remain alert, able to carry on their normal activities.

Contraindicated in comatose or greatly depressed states due to CNS depressants and in cases of existing blood dyscrasias, bone marrow depression and pre-existing liver damage. *Principal side effects,* usually dose related, may include mild skin reaction, dry mouth, insomnia, fatigue, drowsiness, dizziness and neuromuscular (extrapyramidal) reactions. Muscular weakness, anorexia, rash, lactation and blurred vision may also be observed. Blood dyscrasias and jaundice have been extremely rare. Use with caution in patients with impaired cardiovascular systems. Before prescribing, see SK&F product Prescribing Information.

SK&F Smith Kline & French Laboratories, Philadelphia

ASTHMA: IMMUNOLOGICAL AND NON-IMMUNOLOGICAL

One of a series of case reports illustrating the differential diagnosis in patients with symptoms of asthma.

IRVIN CAPLIN, M.D.
JOHN T. HAYNES, M.D.
Indianapolis

A four-year-old girl was first seen at the request of a cardiologist because of cough and wheezing since birth. In infancy, a diagnosis of interatrial septal defect was made. She had been hospitalized frequently for heart failure and pneumonia. Being an adopted child, no family history was available.

Physical examination revealed the nasal mucosa to be pale, boggy and swollen. There was a grade #4 systolic murmur over the entire precordium. Expiratory musical rales were heard through both lung fields. A chest x-ray revealed the abnormal cardiac configuration and the pneumonia for which she had been hospitalized in the past (Figure 1).

Intradermal skin tests were positive to house dust, ragweed, grasses, several molds, wool and kapok. The family was advised as to the avoidance of dust and other household allergens and a bedroom air-conditioner was recommended for the summer months. Bronchodilators and iodides were prescribed for symptomatic relief. She was treated with injections of dust, molds, ragweed and grasses. Except for mild wheezing with respiratory infections, her asthma has been completely controlled. She has grown well in the past 18 months without any episodes of heart failure or pneumonia.

Here again, we have a combination of allergic asthma associated with pulmonary disease (pneumonia) and in addition, cardiac disease (congenital heart disease). Proper care of the allergic component to date has eliminated her bouts of both pneumonia and heart failure.

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FIGURE 1
X-RAY reveals the enlarged cardiac configuration and pneumonia in the right mid and lower lung field.



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(BENZTHIAZIDE)

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DIURETIC ACTION: Clinically, the oral administration of AQUATAG (benzthiazide) results in diuretic activity within two hours with maximal natriuretic, chloruretic, and diuretic effects occurring during the fourth, fifth and sixth hours. Maintenance of response continues for approximately 12 to 18 hours. Acidosis is an unlikely complication since therapeutic doses of AQUATAG (benzthiazide) do not appreciably increase bicarbonate excretion. Edematous patients receiving 50 mg. of AQUATAG (benzthiazide) daily for five days developed a maximal increase in the rate of sodium excretion on the first day, and maintained this high rate until depletion of excessive body stores of sodium.

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DOSAGE: Diuresis, initially 50 to 200 mg.; maintenance 25 to 150 mg., daily. Hypertension 50 to 100 mg. initially, adjusted to 50 mg. t.i.d. or downward to minimal effective dosage level.

PRECAUTIONS AND SIDE EFFECTS: Electrolyte imbalance with hypokalemia, hypochloremic alkalosis and hyponatremia may occur. Other reactions may include blood dyscrasias, hyperuricemia and gout, nausea, jaundice, anorexia, vomiting, diarrhea, dizziness, paresthesia, photosensitivity and headache. Insulin requirements may be altered in diabetes.

WARNINGS: Dosage of coadministered antihypertensive agents should be reduced by at least 50%. Use with caution in edema due to renal disease; advanced hepatic disease or suspected presence of electrolyte imbalance. Stenosis or ulcer of small intestine have been reported with coated potassium formulas and should be administered only when indicated. Until further clinical experience is obtained, the use of the drug in pregnant patients should be carefully weighed against possible hazards to the fetus.

CONTRAINDICATIONS: AQUATAG (benzthiazide) is contraindicated in progressive renal disease or disfunction including increasing oliguria and azotemia. Continued administration of this drug is contraindicated in patients who show no response to its diuretic or antihypertensive properties.

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X-RAY CONFERENCE

Presented as a regular feature of *The Journal*, X-ray Conference is a series of short talks on procedure and radiologic diagnosis, edited by Erich K. Lang, M.D.

Arteriographic Demonstration of Carcinoma of the Tail of the Pancreas

ERICH K. LANG, M.D.
*Indianapolis**

A 51-year-old white male was admitted to the hospital with symptoms of malaise, weight loss and spiking temperature elevations over the past four months. Physical examination failed to reveal any significant abnormalities. The pertinent laboratory studies showed a hemoglobin of 10.5 grams and a reversal of the AG ratio. Multiple chest films, upper and lower GI studies and an intravenous pyelogram were interpreted as normal, with the exception of an uprighting of the axis of the left kidney.

A combined retroperitoneal gas study and arteriogram demonstrated failure of normal dissection of gas in the retroperitoneal space on the left side. The arteriogram revealed depression of the left kidney, tilting of its axis and stretching of the left renal artery (Figure 1). The most remarkable finding, however, was limited to the splenic artery. A characteristic elevation and splaying of the splenic artery around a space-occupying lesion was readily noted. The failure of normal dissection of the retroperitoneal space and the characteristic elevation and splaying of the splenic artery were felt to be diagnostic of a primary lesion of the tail of the pancreas. Exploration revealed a localized carcinoma of the tail of the pancreas in precisely this location.

Discussion

Carcinoma of the pancreas is one of the most elusive lesions. The presenting symptoms are often malaise and weight loss. Pain, and particularly pain radiating into the back is frequently encountered, but is not characteristic of this lesion. The most reliable historical feature of this disease is probably a migrating thrombophlebitis experienced by some 30% of all patients. Carcinoma of the head of the pancreas is suggested by painless jaundice caused by

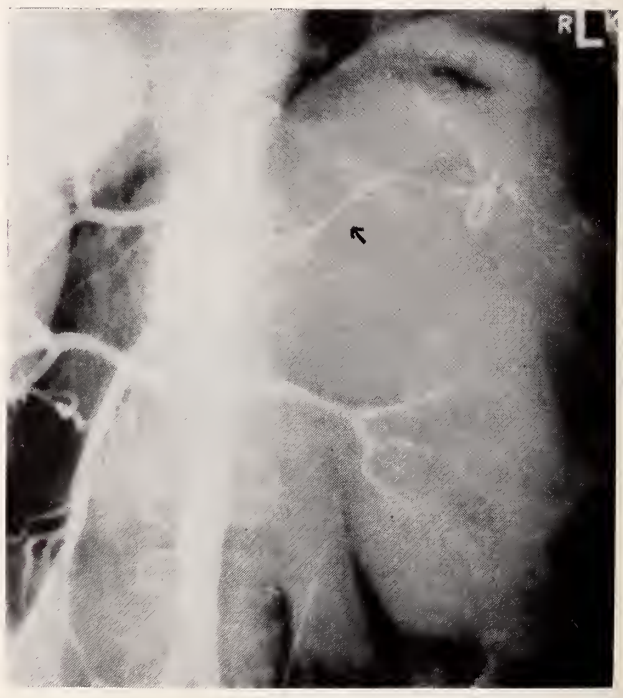


FIGURE 1
NOTE the failure of dissection in the retroperitoneal space on the left side. The classical elevation of the splenic artery displaced over a mass lesion, suggests the presence of a space-occupying lesion in the tail of the pancreas. The stretching of the renal artery and resulting tilt in kidney axis is considered a frequent accompanying feature.

* Department of Radiology, Methodist Hospital, Indianapolis.

obstruction of the common duct at its point of entry into the duodenum. At the same time, an upper GI series will usually demonstrate the classical findings of widening and mucosal invasion of the "C" loop of the duodenum.

Carcinoma of the body and tail of the pancreas is a much more elusive entity. It will often defy clinical diagnosis and is most difficult to diagnose on the basis of laboratory data. The upper GI series is usually non-diagnostic. Occasionally displacement of the stomach may focus attention of the observer to this area. In recent years, the characteristic changes on the arteriogram, consisting of a typical elevation and splaying of the splenic artery, and the classical changes on retroperitoneal gas studies, consisting of loss of normal dissectability of the retroperitoneal space, have been emphasized. These examinations allow a relatively early diagnosis of this otherwise extremely elusive disease entity. ◄

About Our Cover

Your ISMA Council at work is the theme of this month's cover.

Dr. A. W. Cavins, Terre Haute, snapped the pictures January 23 as the Council spent many hours studying the implementation of Medicare, approving the budget and the many important aspects of your association.

In addition to the many business matters pertaining to ISMA, the Council superintends the publication of The Journal.

Dr. G. O. Larson, member of the Executive Committee waits his turn to speak as Dr. E. T. Edwards, chairman of the Council, addresses the group (top row, left); an overall view of the Council is depicted (top row, right).

Listening to the proceedings in the picture (middle row, left) are Dr. Milton Popp (back to camera), Councilor from the Twelfth District; Dr. Lowell Hillis, Councilor from the Eleventh District; Dr. Eugene S. Rifner, president-elect and Dr. Lester H. Hoyt, assistant treasurer; Dr. P. J. V. Corcoran, Councilor from the First District, checks some point of procedure with Dr. Peter R. Petrich, Councilor from the Ninth District, (middle row, right).

In another picture of the Council proceedings, Dr. Cavins focused on Dr. V. Earle Wiseman, Councilor from the Fifth District; Dr. Albert Donato, Councilor from the Seventh District; Dr. Popp, Dr. Hillis and Dr. Joe M. Black, immediate past-president (bottom row, left); Dr. Kenneth O. Neumann, ISMA president addresses the Council in the last picture (bottom row, right).—J.F.S.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Rx: Better Control of Rabies

BETTER control of and protection against rabies is needed. In spite of post-exposure treatment of some 50,000 people per year in the United States, there are several fatalities annually. In 1952 there was a peak of 22 cases, and despite a gradual decline since then, the past three years have averaged two fatalities.

Vaccination of pets and elimination of stray animals is helpful but does not control the most dangerous reservoir—that residing in wild animals—now known to include bats.

There is a real need for a reliable method of protection against severe bites of all animals and any bites by wild animals.

Pasteur rabies vaccine is practically the only vaccine which is supposed to succeed when given after the infection is introduced. It does not always succeed—a grimly high percentage (28 to 40) of those people severely bitten by rabid animals succumb to the disease despite post-exposure treatment. Deep and extensive laceration of tissues and bites by wild animals produce an especially severe form of the disease with a short incubation period.

The introduction of chicken-embryo live anti-rabies vaccine for dogs, and more recently the inactivated duck-embryo vaccine for humans has eliminated the threat of neuroparalytic factors present in the older nerve-tissue vaccines. The new duck egg vaccine is safe enough to allow its use on a pre-exposure basis.

It has long been known that individuals who have had one or more post-exposure courses of vaccine carry a high degree of immunologic sensitization and therefore respond more effectively to a booster dose of vaccine than persons taking it for the first time.

Recent research by the Lilly Laboratory for Clinical Research has established the immunologic principles for pre-exposure immunization against rabies and has allowed the application of this method to persons who are in occupations with a high risk of rabies exposure. Veterinarians, laboratory workers, those who handle potentially infected animals, and workers such as letter carriers, deliverymen and meter readers, as well as those who are likely to be attacked by wild animals, are all candidates for preventive therapy.

Peck and Kohlstaedt have recommended three or four 1.0 ml. subcutaneous doses of duck-egg vaccine be administered weekly, followed in six to ten months by a booster dose of vaccine. Booster doses are also recommended at two-year intervals.

Accurate studies for antibody titer must

be obtained on all immunized personnel because not all respond adequately to the standard vaccination. The State Board of Health will forward the blood samples to the National Rabies Laboratory for processing.

If antibody studies indicate a good basic response to the vaccine, an exposed individual may be presumed to be protected if an additional booster dose is given after exposure, unless the exposure is severe and involves a proved rabid animal or a wild animal presumed to have rabies. The present state of knowledge does not indicate safety for these exceptional cases and they should receive the 14-dose treatment of vaccine.

Even for those cases in whom the 14-dose treatment is considered advisable, the pre-exposure immunization is of great advantage since it creates residual antibodies which build up to a level which presumably will protect against massive implantation of virus and the ultra-short incubation period.

The ability to respond to booster immunization has been shown to persist for at least 20 years after the classical Pasteur or Semple vaccine. It is presumed that a similar period will also hold after the new vaccine but experience must be gained on this point.

Dr. Goddard New FDA Commissioner

DR. James L. Goddard was sworn in as Commissioner of the Food and Drug Administration on January 17. Dr. Goddard has been Chief of the U. S. Public Health Service Communicable Disease Center for the past three years. He succeeds George P. Larrick, who retired in December.

Dr. Goddard is the first physician to serve as commissioner, and is the first person chosen for the job from outside the FDA. He has been with the Public Health Service for 15 years and was at one time civil air surgeon for the Federal Aviation Agency.

HEW Secretary John W. Gardner, in speaking at the induction, commented that the new commissioner was taking office at a critical time, at the end of a period of years in which the FDA has undergone rapid growth, has subsisted often on insufficient appropriations, and now has entrusted to it mountainous responsibilities in a scientific world which is now complex and becoming more and more complex.

Secretary Gardner, soon after he became HEW secretary, appointed a committee to study the organization and functions of the FDA and to recommend plans for its future.

In his speech, Mr. Gardner reported that the study committee's report had stressed the fact that the FDA was operating under intense pressure from many sources and because of this "the agency *must* maintain a high standard of excellence, *must* be skillfully managed, *must* be clear of politics, *must* function with spotless integrity."

Dr. Goddard acknowledged the immensity of the FDA task and commented that 25% of the consumers' dollar is spent for items produced by industries regulated by the agency.

The scientific complexity of the FDA operation will be managed in the future by seeking the assistance and cooperation of more and more civilian scientific sources. Dr. Goddard stated that "the strengthening of our ties with the rest of the scientific community will be a major item of business in the days immediately ahead."

Both the secretary and the new commissioner emphasized the responsibility which they felt toward the ultimate consumer. Success in this endeavor was described as depending on a "high degree of scientific judgment, integrity and vigilance." Dr. Goddard said "To the extent these qualities exist within the industries we regulate, the difficulties of our task will decrease."

Secretary Gardner stressed the importance of conserving talent. This, he says, will be accomplished by recruiting the best young people to government service, and giving them every opportunity for growth, so that an efficient and vigorous career development program may flourish.

Dr. Goddard said that perhaps the most

important consideration of all was that his agency work in the closest partnership with the private medical profession. He considers that "a body of practicing physicians, well informed as to both the risks and the benefits of new drugs, is the strongest and most immediate source of protection for the consumer whose safety is in their hands."

Editorial Notes . . .

Physicians are not required to keep records as a consequence of the Drug Abuse Control Amendments of 1965 unless, in the course of their practice, they dispense the drugs referred to and charge for them. This advice in regard to records on depressant and stimulant drugs was received by the ISMA from C. Joseph Stetler, president of the Pharmaceutical Manufacturers Association. The proposed regulations indicate that "maintaining of small supplies of these drugs for dispensing or administering in the course of professional practice in emergency or special situations will not be considered as regularly engaged in dispensing for a fee."

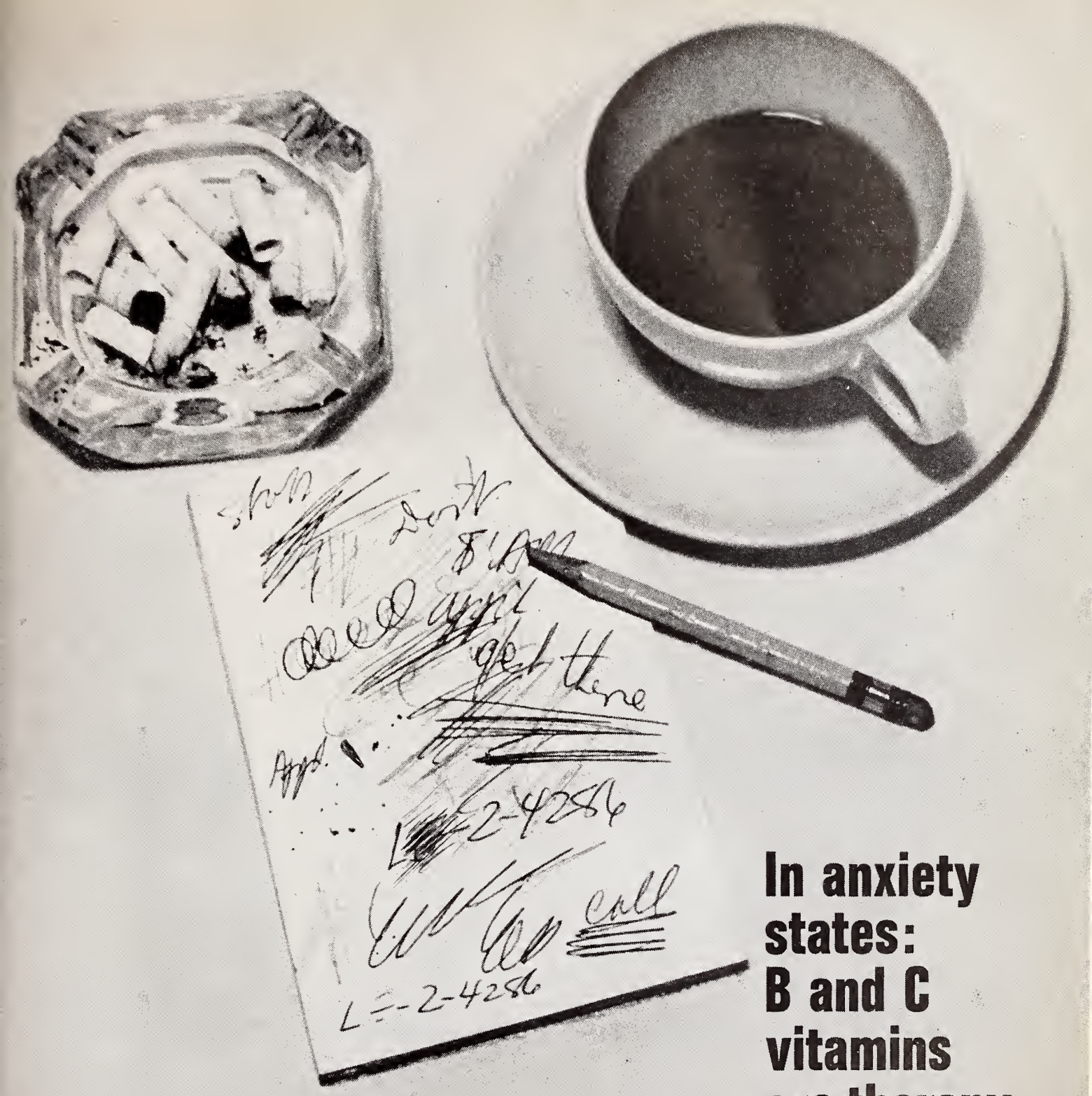
Six members of an international drug espionage ring have been convicted of stealing and transporting trade secrets from Lederle Laboratories, and American Cyanamid, parent company of Lederle, has been awarded $5 million damages plus interest in a civil suit against Maurice Rosenblatt, an American citizen living in Rome, who was charged with being part of the conspiracy. Theft of culture and research information on tetracycline is one of the factors which makes it possible for Italian manufacturers to make and sell the drug in this country at a price far below that charged by American makers who have an investment of several million dollars in tetracycline research.

Twenty-five states now have laws requiring the testing of newborns for PKU, and seven other states recommend testing. *The Journal of the American Hospital Association* reports that more and more hospitals have adopted the test as a routine procedure and have found it useful and inexpensive. PKU testing of the entire population may result eventually in order to provide information on familial trends in the disease.

A new specific antidote has been discovered for victims of pesticide poisoning caused by parathion, malathion and other substances of the phosphate ester class. The drug is Protopam Chloride, also known as PAM. Its maker, Ayerst Laboratories, recently made an emergency supply of the drug available without charge to all U. S. Poison Control Centers. Military establishments are stocking the antidote in large quantities—it is effective against the action of "nerve gases."

Older people have been increasing in proportion to the rest of the population for over 100 years. Since 1950, the percentage of age 65 and over has risen from 8.1 to 9.3%. From now on the increase will be much slower because of the increased birth rate. Women outnumber men at all age brackets, but the disproportion is greater in old age. There are now 129 women for every 100 men at ages 65 and up. Twenty years from now the odds may be as high as 143 to 100.

Medicare regulations will set out three conditions in regard to accreditation under which a hospital may qualify for participation. State agencies may recommend that a hospital which has or will have in effect by July 1, a utilization review plan, be eligible if: 1.) It is accredited by the joint commission, or 2.) is operating in accordance with the conditions of participation with no significant deficiencies or, 3.) is found to have deficiencies but is making reasonable plans and efforts to correct them and is rendering adequate care, without hazard to the health and safety of patients. ◄



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Recommended intake: Adults, 1 capsule daily, for the treatment of vitamin deficiencies. Supplied in decorative "reminder" jars of 30 and 100; bottles of 500.

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President's Page

The confusion that has been engendered in many physicians' minds by Public Law 89-97 (medicare), and by the proposed regulations for this law which have been issued, could be resolved if the physicians would unequivocally accept the basic Principles of Medical Ethics.



In an effort to crystallize our thinking, we should study these basic concepts candidly and unemotionally. We have here a firm united position that answers many of our problems. Since I find many physicians do not remember these Principles, I should like to quote excerpts from them. Please read them carefully. These are Principles upon which we should stand.

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions and with the public. . . .

". . . Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines.

". . . A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability.

". . . A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

". . . In the practice of medicine, a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay."

In addition the American Medical Association House of Delegates adopted the following as its official policy on October 1, 1965—"Hospital-based specialists are engaged in the practice of medicine. The fees for the services of such specialists should not be merged with hospital charges. The charges for such services should be established, billed and collected by the medical specialist in the same manner as are fees of other physicians."

If we accept these statements we can then agree:

1. Hospital-based specialists must be private, independant, practitioners of medicine.
2. Reimbursement must be based on the basis of the usual and customary fee combined with direct billing of the patient and the refusal to take assignments.

R. O. Neumann M. D.



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Lirugen is comparable to other live vaccines in effectiveness and duration of protection given:

Clinical trials have established an efficacy of 97% to 100% in measles susceptible children.[1-6]

Recently published evidence provides strong support that one injection of Lirugen should provide lifelong immunity.[7]

Contraindications: Pregnancy; leukemia, lymphoma and other generalized malignancies; brain damage in children under one year of age; febrile illness; allergy to egg proteins, neomycin or streptomycin. Precautions: Use cautiously in patients with a history of tuberculosis and patients being treated with steroids, irradiation, alkylating agents, and antimetabolites. Consult package literature before administering Lirugen.

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associated with
Gastroenteritis
Spastic bowel
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administration



normal activity..

promptly..



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Each tablet and each 5 cc. of liquid contains:
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(Warning: may be habit forming)
atropine sulfate 0.025 mg.

Dosage: For full therapeutic effect—Rx full therapeutic dosage. The recommended initial *daily dosages,* given in divided doses, until diarrhea is controlled, are:

Children:

3 to 6 months—3 mg. (½ tsp.* t.i.d.)
6 to 12 months—4 mg. (½ tsp. q.i.d.)
1 to 2 years—5 mg. (½ tsp. 5 times daily)
2 to 5 years—6 mg. (1 tsp. t.i.d.)
5 to 8 years—8 mg. (1 tsp. q.i.d.)
8 to 12 years—10 mg. (1 tsp. 5 times daily)

Adults: 20 mg. (2 tsp. 5 times daily or 2 tablets 4 times daily)

*Based on 4 cc. per teaspoonful.

Maintenance dosage may be as low as one fourth the therapeutic dose.

Precautions: Lomotil, brand of diphenoxylate hydrochloride with atropine sulfate, is an exempt narcotic preparation of very low addictive potential. Recommended dosages should not be exceeded. Lomotil should be used with caution in patients with impaired liver function and in patients taking addicting drugs or barbiturates. The subtherapeutic amount of atropine is added to discourage deliberate overdosage.

Side Effects: Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness and insomnia.

1. Janssen, P. A. J., and Jageneau, A. H.: A New Series of Potent Analgesics: Dextro 2:2-Diphenyl-3-Methyl-4-Morpholinobutyryl-pyrrolidine and Related Amides. Part 1: Chemical Structure and Pharmacological Activity, J. Pharm. Pharmacol. 9:381-400 (June) 1957.

2. Demeulenaere, L.: Action du R 1132 sur le transit gastro-intestinal, Acta Gastroent. Belg. 21:674-680 (Sept.-Oct.) 1958.

SEARLE

Research in the Service of Medicine

The Woman's Auxiliary

REPORTS TO ISMA

The medical auxiliary is most fortunate in having a legislative chairman who is politically oriented and also married to the chairman of the Legislative Commission of the ISMA. This team can do no wrong, in our eyes! Dr. and Mrs. Dwight W. Schuster have collaborated on some fine programs of education.



A series of four area legislative meetings have been arranged to study the purpose of the Legislative Commission and committees; a review of present status on legislation; pending medical legislation in the second session; potential legislative issues (medical) in the next Indiana General Assembly; and practical politics as a function of the Legislative Commission, including "Political Action Courses" sponsored by the auxiliary to the ISMA. This series was presented to presidents and legislative chairmen of the counties with the goal of "knowing our legislators, maintaining liaison with them, providing them service, publicizing their aims to the public and urging the public to indicate support of their legislators."

Our role as representatives of the medical profession is to educate, provide information and do research for our legislators. If we are to sell our programs, we must be ready to support these legislators. Twenty-five percent of our Indiana physicians have already financially supported I-HOPE—Indiana's non-partisan political effort. A family membership is $100; wives may join on their own for $15.00. Before an individual can solicit funds for a political organization, one must be a dues paying member. At the January meeting of the I-HOPE Board, bylaws were amended to permit women members. "There is now a chairman and two vice-chairmen from each Congressional district—the second vice-chairman shall be a woman member—the wife or widow of a physician."

A political action seminar at the ISMA building, limited to 150 members (including county presidents or presidents-elect, and legislative chairmen) was planned by our legislative chairman with approval of Mr. Waggener as AMPAC representative and Dr. Schuster as ISMA legislative chairman. Those participating in the presentation of the program were required to be bi-partisan or non-partisan, able to present material on how to work in local and community politics without prejudice or slanting to a particular party. The Marion County Medical Auxiliary extended the hospitality of their homes to members coming in from around the state.

We are proud of the devotion of our members to supporting the aims of the Indiana State Medical Association and point with pride particularly to Anne Schuster as legislative chairman, to Ethel Gastineau as a national officer of AMPAC and a member-at-large of the I-HOPE Board, and to Mary Johnson who has served I-HOPE so loyally.

Ruth V. Dunstone

to help relieve pain in common anorectal disorders

"non-caine" Diothane®

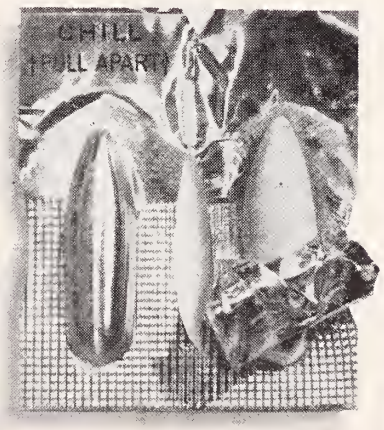
Diothane—with its chemically distinct "non-caine" anesthetic agent diperodon—provides effective temporary topical anesthetic and emollient actions for soothing relief of anorectal pain. Anesthetic activity is effective and relatively prolonged; sensitization is infrequent. Reports to Merrell on 1,500 patients treated pre- and postoperatively with Diothane Ointment, indicate only 22 developed local skin reactions. Reactions to Diothane have been burning or stinging sensations and a few cases of allergic manifestations. An additional advantage: Diothane Ointment and Suppositories are mildly antiseptic. Prescribe or recommend either form...both are now available.

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COMPOSITION:
diperodon 1.0%; oxyquinoline benzoate 0.1% in a special ointment base.

INDICATIONS:
Provides temporary palliation of pain that may result from hemorrhoidectomy and from common anorectal disorders such as hemorrhoids, anal fissures, pruritus ani.





DIOTHANE SUPPOSITORIES

COMPOSITION:
Each suppository, weighing approximately 2.6 Gm., contains diperodon 1.0%; urea 10.0%; oxyquinoline benzoate 0.1% in a special hydrophilic suppository base. A unique shape keeps the suppository in intimate contact with mucous membranes.

INDICATIONS:
Provide for temporary palliation of pain caused by hemorrhoids and pruritus ani.

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The Genesis of Marion County General Hospital and its Training School for Nurses*

WM. NILES WISHARD, JR., M.D.**
Indianapolis

PRESUMABLY my selection for this assignment was made because of my lineal connection with the founder of this hospital and its training school for nurses in order to tell you something of its early days, but I must confess that, in spite of my white hair, you and I have one thing at least in common—this is your first graduation from the school and it is my first commencement address.

If I were inclined to be inflated with the honor given me by your invitation, I am quickly reminded of the best example of deflation of the ego I have heard in a long time. In an article in *Sports Illustrated* some months ago about Adolph Rupp, famed Kentucky basketball coach, a story was told about a trip he made to a small town where he saw a ham hanging in a grocery store window. He decided to purchase the ham but found he did not have enough cash. He therefore asked the grocer if he would accept a check. Being told that he would, Rupp wrote out the check, and as he handed it to the grocer, pointed with pride to his signature, saying, "You know who that is, don't you?" The unimpressed recipient replied, "Well, mister, I'm a-hoping it's you!"

Fear not that I will detain you 'til the small hours of the morning as we go through the gestation of the hospital and your training school. Some years ago, a minister at a Presbyterian General Assembly was asked what to him was the most helpful passage of scripture. His immediate reply was "And it came to pass." "The Lord didn't say it came to stay forever, but it came to pass." And so in due time will my remarks.

The world is in a turmoil. We are on the brink of war in Asia. The continent south of us is boiling. Unrest in our own country fills the newsprint of the day. The future of the world lies not in the hands of the youth of our country as so often stated, but in the hands of a few key leaders throughout the globe, some good, some bad. And so it is perhaps fitting that we should take time out for a moment to look back at the events which brought about the hospital that has given you your nursing education.

The history of an institution is the biography of the men who built it and, in this instance also, the epidemiology of disease—malaria, smallpox and cholera. In 1821, a young physician by the name of Livingston Dunlap came to our city from Cherry Valley, New York.[1] He joined forces with the second doctor of our town, Dr. Samuel G. Mitchell, thus forming our first medical partnership. He roomed in Dr. Mitchell's home at first. The whole household promptly came down with malaria so that little was accomplished in medical practice until the family recovered.

Isolation or Infection

In 1830, a woman named Overall developed smallpox. We then had eight doctors in Indianapolis; all were put on a board of health. Dr. Dunlap realized then the need for hospital accomodations. We had no vaccine in those days but the patient recovered, the scare was over and nothing more was done about the matter.

In 1848, a visiting ex-Congressman, Andrew Kennedy, developed smallpox, promptly died in the old Palmer House and was buried in what became Greenlawn Cemetery. Vaccine was available by this time, the population was vaccinated and the

* Read at commencement of 1965 class of nurses, Marion County General Hospital, Aug. 20, 1965.

** Clinical Professor of Urology, Indiana University School of Medicine.

scare passed. But this time, the board of health purchased property for a smallpox hospital, levied a tax and even ordered lumber. With the passing of the smallpox scare, though, the lumber was used for other purposes.

Curiously enough, a sewer was to be dug in 1896 which would require the moving of the late Congressman's remains. There was so much concern about the cause of his death and the possible spreading of the disease that the course of the sewer was changed.[1]

Although the Central Hospital for the Insane had opened before 1850 (it was largely for custodial care then), there was still no general hospital in the state. Drs. Dunlap and Bobbs (of first to remove gallstones fame) and others petitioned the City Council in 1854 to authorize construction of a hospital. The matter lay dormant until the next year when a serious smallpox scare resulted in the council ordering the erection of such an institution.

The first great difficulty was encountered in selecting a location; the citizens objected because they thought the building's proximity would endanger their health. A site was finally chosen near Crawfordsville Road and Fall Creek, a location so unhealthful that no one would live there anyway, according to Dr. Thurman B. Rice.[1]

When we now view the vast area encompassing General, the University Medical Center and LaRue Carter Hospitals, it is hard to believe that it was such an unlovely, unhealthful and unsought after place only 110 years ago. With the vanish of the 1855 smallpox scare, little more was accomplished until 1859.

Dr. Dunlap, councilman of the Fifth Ward in which the grounds lay, succeeded in completing a brick building in that year which cost about $30,000. But there were no funds for furnishing or equipping it, so there it sat, laughingly referred to as "Dunlap's Folly." The city tried to sell it. No success. They then tried to give it away. Still no success. It then became a meeting place for disreputable people and remained empty for two more years.

With the advent of the Civil War, the city turned it over to the Federal Government. It became a military hospital on May 18, 1861 and remained so until June 1, 1865. Additions were made to the hospital by the military and 13,000 patients were treated during the period.

With war's end, the hospital was turned into the Indiana Soldier's Home in July, 1865 and was utilized for this purpose until April, 1866, when it was vacated by the removal of the soldiers to Knightstown.

In the spring of 1866, the city made a half-hearted attempt to refurnish the hospital. The hospital board elected Dr. Greenly V. Woollen to serve as superintendent, a position he retained until 1870.

Roads Impassable; Work Impossible

The hospital was then a long distance from the center of town; the mud roads became impassable in wet weather. There were no street lamps, no gas mains and the water supply was very inadequate. Gangrene and infection were the order of the day. The neighborhood was also bad, physically and morally. Six physicians served as superintendent during the nine years after 1870, acting more from a sense of duty than anything else. They passed the unpleasant position back and forth among them. And so, in 1879 ended the first phase of the Indianapolis City Hospital, a period of ineffectiveness due to lack of appreciation of the need for such an institution, a time of uncertainty, interruption and lack of continuity of direction. But to Dr. Livingston Dunlap must go all credit for conceiving the idea and "putting the show on the road."

In 1879, my father, Dr. Wm. Niles Wishard, Sr., was appointed superintendent. He was not quite 28 years old. He had attended Wabash College, graduated from the Medical School here in 1874 and Miami Medical College in 1876. He had practiced a short time with my grandfather, Dr. Wm. Henry Wishard in Southport before moving to Indianapolis.

The first night my father slept in the hospital as superintendent, a coal-oil lamp suspended in the hall adjoining his bedroom exploded and a conflagration was narrowly averted. This incident prompted the city to extend gas mains to the hospital.

The hospital was also without city water. About 1881, Mr. Thomas E. Chandler, a

member of the Board of Aldermen and chairman of the hospital board, was instrumental in placing a large tank on the fourth floor of the old administration building. From this, five or six small bath and toilet rooms throughout the hospital were supplied. The tank was fed from a deep driven well and two or three cisterns; water was pumped from these to the tank by a windmill.

What was the hospital like at that time? I quote verbatim from an address my father made to the graduating class of the hospital 54 years ago, May 12, 1911 as follows: "The physical condition of the institution was in other respects deplorable. The basement and first floor of the old brick administration building afforded the living apartments and dining room and kitchen for the Superintendent and house physicians. The two upper floors of this building were occupied by patients. The principal ward space, however, was in the old frame building which was a three-story structure with very low ceilings erected by the government during the Civil War as a temporary hospital for soldiers.

"The ventilation was poor, the floors were warped and uneven, and the roof leaked. Whenever a hard rain occurred, it was customary for the nurse and convalescent patients on the third floor of this old building to move the beds of the very sick patients to dry places in the room and to place basins and other receptacles under the numerous points in the ceiling where the drip occurred. Snow blew in through the warped window casings and was often found on patients' beds. I remember going into the patients' kitchen one day during a brisk shower. It was a one-story frame building adjoining the larger frame building. Our cook, Perry Valentine, a venerable colored man, was busy preparing the patients' dinner. He had a large ladle in one hand with which he was turning some meat that was cooking on the kitchen range, and with the other hand, he was holding a large umbrella over himself to keep the rain off."

Debilitant Donations

"Financial support for the city hospital was grudgingly given, and my first efforts to elicit interest in the erection of a new hospital were greeted in some quarters by the remark that too much money was being spent on the institution already and it had better be abandoned. The total expenses of the institution for the year closing July 1, 1879, at which time I assumed the superintendency, were a little over $9,000. To appeals and persistent effort, however, a response was finally secured and in the early part of the year 1884, Mr. Wm. H. Morrison, a warm friend of the hospital and then a member of the City Council, aided me in securing a meeting of the mayor and other city officers together with a number of members of the staff for the consideration of the question of erecting new hospital buildings.

"Mayor D. W. Grubbs presided and I shall never forget the inspiration produced by the persuasive argument of the late Dr. Thomas B. Harvey. Dr. John Chambers and Dr. Charles E. Wright were also present. Dr. Harvey gave a brief history of the hospital and spoke of the obligation of the city to maintain it. He related many incidents of personal sacrifice on the part of the members of the staff and the expressions of relief from patients who had been treated in the institution. He spoke of the growth of the city and the increasing demands on the institution and its utterly inadequate facilities. He was a man of magnificent presence to whom everyone loved to listen. His arguments were convincing and he secured the intense interest of all the little group present. His persuasive words and handsome, manly bearing so intensely engaged my friend, Dr. Chambers, who was sitting by my side, that he grasped my arm and said excitedly in an undertone: 'Thomas looks like a god.'

"The generous support of the medical profession and the laity was sufficiently potent to secure an agreement to erect a frame addition on the east side of the buildings then standing, which addition was to cost $6,000, as provided in the estimate of the Finance Committee of the City Council. With this official sanction, I did not have much difficulty in getting the hospital board to contract for a brick building instead of a frame at a cost of $12,000, instead of half that amount as had been decided. The contract was subject to the approval of

the Council, which was ultimately secured.

"As the hospital board had left the plans entirely to the architect and myself, it required no especial argument to induce the architect to construct this new brick building in such a way that it could not be used to advantage without the erection of a second building. Within a few months, the new building was completed and an ordinance presented to the Council for the erection of a second building at a cost of about $16,000. The first building had contained only ward space and in the second or central building, was included a general stairway, an elevator, and bath and toilet rooms on each floor, and a few other rooms. It seemed best to defer the arrangement for a dining room, kitchen, laundry and heating apparatus until we could get a third building and the argument was successfully presented that the first two buildings were part of a general plan but were not available for permanent use until the third building, costing $25,000, should be added, to which an additional sum of about $7,000 was secured for a heating plant, making the total expenditures a little more than $60,000."

Nonfeasance Nursing

Reference to the early days of the hospital would be incomplete without some mention of the general character of hospital work before training schools were established and the influence of trained nursing personnel on the evolution of this institution. I again quote from my father: "In our Indianapolis City Hospital when I became Superintendent on July 1, 1879, there were two nurses in the institution. One, a male nurse who had formerly been a patient, was in charge of all male wards. The other, a female nurse, was in charge of the medical, surgical, and obstetrical patients in the female wards. The nurse in charge of the female wards was a woman of middle-age who had acquired some experience in nursing in one way or another and who was, as nurses went in those days, a very fair nurse. The nurse in the male wards had been employed after his recovery from an illness for which he came to the hospital and he had had no previous experience or training and I was subsequently compelled to deprive the hospital of his valuable services because of an inclination on his part to use his personal endeavors to diminish the supply of alcoholics about the institution. His success in this endeavor was so marked that he was not infrequently incapacitated for duty as a result of his arduous efforts.

"At that time, no records were kept by the nurses and in the nature of things it was possible for the physicians to keep only occasional and then imperfect records. We made our rounds of the wards with large prescription books under our arms, and after writing our prescriptions for each case, we went to the drug room and filled them, and in many instances placed the medicine on the washstand at the side of the patients' beds and trusted the patients with taking the medicine themselves. Of course, with the very sick patients, the nurses carried out the orders, but the duties of the nurses in administering medicines and caring for patients were necessarily limited to those cases absolutely requiring attention. In the nature of things, one nurse could scarcely give very much individual attention to the different cases when that nurse had to care for all the patients in that department to which he or she was assigned and when there was but one nurse in the male wards and one in the female wards. The temperature and pulse records were kept by the house physicians and the Superintendent, and owing to the multitude of their duties, oftentimes only a mental record was made.

"The duties of the nurse consisted in keeping the wards in order, in bathing the patients and in giving such attention as was possible to those who were very sick. Much of our time was occupied in dressing surgical cases. If an amputation was done, the wound had to be dressed daily. This was done in all suppurating wounds and practically all wounds were suppurating wounds in those days. We knew very little about preventing or controlling suppuration. Our antiseptic dressings of today were then unknown and applications to wounds which we had at our disposal were limited to jute, lint, absorbent cotton, and various ointments which were then supposed to exert a healing influence on wounds. Pus was the order of the day. I remember a statement

which one of our teachers in those days used to often make as illustrating the idea of the proper course which the wound should pursue in the process of healing. He said that pus ('laudable pus' as it was called) was necessary for the proper healing of the wound and that something was wrong if the wound was not bathed and protected by this lubricant which he called 'God's salve.'

Septic Surgery

"The surgery in which most of the operating was done was also very frequently our dressing room for surgical cases and if the patients could not be removed to this place, the dressing was performed in the wards where the patient was surrounded by other surgical cases. We had our fountain syringes, our rubber sheets and slop pails and the wounds were irrigated freely with warm soap suds and then rinsed with clean water and the dressing applied. We did not know the first principles of sterilization and pathogenic germs as factors in the production of disease were strangers. Such a thing as primary union of a wound was practically unknown.

"About that time an innovation was made in the use of boracic acid on wounds after they had been cleansed, and over the boracic acid, layers of lint were placed and over that a liberal pad of absorbent cotton. Some objection was offered on the part of some of our surgical leaders of those days on the ground that a dressing of this kind would keep the wound too dry and would absorb all the pus and prevent the wound from being bathed by the protecting 'laudable pus.' However, it was soon discovered that cleansing the wound thoroughly and drying it perfectly and dressing it with boracic acid and then putting on absorbent lint and absorbent cotton seemed somehow to be attended by better results than where a large piece of lint was smeared with ointment of supposed healing power and then placed over the wound.

"In the obstetrical ward, cases of puerperal septicemia were more or less constantly present. Our first efforts in 1884 in preventing it were based on the experience of the New York Emergency Obstetrical Hospital with fairly successful results, by the use of both prior and subsequent to confinement, of liberal douches of a solution of carbolic acid. In doing this we were in the habit of washing our hands thoroughly with soap and water and giving the patients a thorough douche of 1 in 50 or 1 in 100 solution of carbolic acid and then applying cloths wrung out of the carbolic acid solution to guard against the invasion of the dreaded bacteria.

"When Lister read his paper before the International Medical Congress in London in 1880 and announced his experience and views in the antiseptic treatment of wounds, it startled and awakened the surgical world and it is within the memory of most of our middle-aged and older practitioners that the initiative made by his announcement was the beginning of a revolution of methods in the treatment of wounds.

"Brain surgery was then practically unattempted. Abdominal sections were only occasionally undertaken and then by daring operators in desperate cases. No one had previously dared to dream of the day when the brain, the spinal cord, every organ of the abdomen and even the thorax and the heart itself, the very citadel of life, should be the field of legitimate surgical operative procedure. The first abdominal section which I ever saw was performed by Dr. Wolfolk, a young surgeon of Indianapolis, in the Indianapolis City Hospital clinic room about 1877. The patient was a colored woman and the operation was done for the removal of an ovarian tumor. Practically all the physicians in Indianapolis were invited to be present and every seat was occupied and standing room was at a premium. When the abdomen was opened and the tumor was being examined, one of our leading surgeons stepped forward and committed what we now would regard as the unpardonable error of passing his unwashed hand through the wound and into the abdomen for the purpose of examining the growth. As might have been expected, the patient died, although her remarkable vitality enabled her to survive for several days."

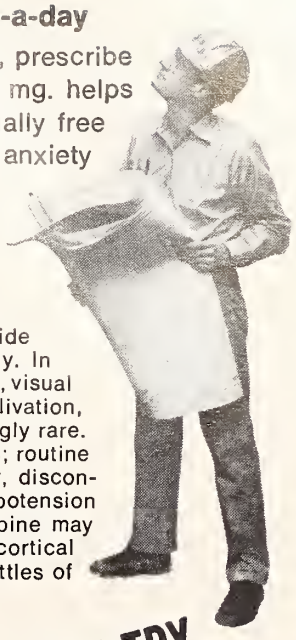
Antiseptic Amputation

"To Dr. John Chambers, of blessed memory, formerly a teacher in the Medical Col-

Continued

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lege of Indiana, is probably due the credit of first introducing antiseptic methods in treatment of wounds in the state of Indiana. After Dr. Chambers, who was a member of the Indianapolis City Hospital staff, had given me a very interesting account of Lister's new work, I requested him to give me a list of things necessary to carry out antiseptic methods and I purchased at his suggestion a supply of carbolized gauze and Lister's protective (an antiseptically prepared oiled silk), together with a very large steam spray apparatus. The first amputation which Dr. Chambers performed under the new method was a surprise in its results in view of the prompt healing and slight amount of suppuration following. The limb was bathed in carbolized solution after having been washed and shaved and while the operation was in progress I held the large steam spray apparatus in my hand and in accordance with the ideas then prevailing, kept the atmosphere of the room moist with carbolized steam in order to destroy the invisible bacteria that were supposed to be floating in it and seeking an opportunity to light on the open wound. We know now that cleansing the wound and cleansing our hands and having our instruments sterilized, do more to prevent the invasion of bacteria than mixing the atmosphere of the room with the suffocating steam produced by boiling carbolized water. When the first paper on the antiseptic treatment of wounds was read before the Indianapolis Medical Society, the antiseptic treatment of wounds in all hospitals and in private practice had been somewhat imperfectly in practice for three or four years. The late Dr. Joseph W. Marsee who was perhaps the ablest and best teacher of general surgery Indiana has ever produced, in discussing this paper and in emphasizing his own conversion to the new method of treating wounds, expressed himself by saying: 'Mr. President and Gentlemen: I do not know anything about bacteria. I am not a bacteriologist. I would not know a germ if I were to meet it coming down the street, but I thank God that whereas I was blind, I now see and I know that by antiseptic treatment of wounds I have been able to greatly improve and almost completely change the conditions and results following surgical operations'."

The cornerstone was laid for the new east building on April 4, 1883. Dr. John N. Kitchen gave the principal address, a carbon of which I have in my possession today. My father was of course present, as he was fifty years later when the building was demolished to make way for new construction and the cornerstone was opened. Unfortunately, the box originally placed in the stone was not sealed so its contents were demolished by moisture in the intervening five decades. It was an unusual experience for one man to be present at both ceremonies, half a century apart.

A Need for Nursing

After the physical improvement of the hospital was under way, the next most obvious need was to provide it with trained nurses. But there were no nurses. A charitable organization known as the Flower Mission, headed by Rev. Oscar C. McCullough, Minister of the Plymouth Church, (which used to stand where the J. C. Penney store is now located on the Monument Circle) had $12,000 with which they wanted to build a small hospital for women and children. They requested Dr. Wishard, Sr., to train young women at the City Hospital to be used later as nurses when their hospital was established.

My father met with their board in June or July of 1883, calling to their attention that their resources were insufficient to build a hospital, but that they could be invaluable in establishing a training school for nurses at the City Hospital, and that if they ever did obtain sufficient funds for their proposed hospital, there would then be an adequate supply of trained nurses. The two practical nurses had been paid $18.00 a month each. My father proposed that the Flower Mission finance the new school and said he thought he could influence the City Council to contribute more toward the project.

Accordingly, Dr. Wishard made a trip to Chicago to investigate the Illinois Training School which provided nurses for the Cook County and Presbyterian Hospitals. This

was the only school then in existence west of the Allegheny Mountains. Professional schools of nursing had been established in the east in 1873.[2a] In Chicago, Dr. Wishard[2b] compared the work done in the wards not under the care of the training school nurses and that under their care. The physicians with whom he met gave unqualified endorsement of the superiority of the work done by the training school nurses. Dr. Wishard felt that the plan was most practical and therefore the best that could be adopted for furnishing the public with trained and disciplined nurses. He was therefore ready for a training school for the Indianapolis City Hospital as soon as it could be organized.

I again quote from remarks of my father in 1911: "Perhaps a few further facts with reference to the meeting at Plymouth Church in June or July, 1884, may be of interest. Mrs. J. H. Stewart, who was then working with the Flower Mission, suggested to Rev. Oscar McCullough that nurses were much needed in connection with the Association's work in many poor families where proper care of the sick was then impossible. From this conference of Mrs. Stewart and Mr. McCullough evolved the suggestion for a Cottage Hospital for women and children. Mrs. Stewart and perhaps others corresponded with Bellevue Training School of New York and with the Illinois School of Nursing connected with Cook County and the Presbyterian Hospitals at Chicago.

"Out of her conference with Mr. McCullough and the correspondence of herself and others developed the plan of securing some of the wards for women and children in the City Hospital as a place to prepare their nurses for their work in the proposed Flower Mission Hospital. Shortly before this time, the cornerstone had been laid for the east wing of the present City Hospital and a new era with better opportunity for good work seemed before us, and the assurance of a new City Hospital at an early date doubtless inspired the good ladies to seek an opportunity for training their nurses in the wards of their new building.

"When I was invited by a note from Mr. McCullough to attend the meeting at Plymouth Church I gladly responded and after hearing the plan for the Flower Mission Hospital and the request that I would take some of their nurses for training in the women's and children's ward at the City Hospital, I suggested that if they would get a good trained nurse as superintendent and supply a sufficient number of pupil nurses, I would gladly aid them in establishing a complete training school for nurses in connection with the City Hospital and if at any time in the future their plan for the Cottage Hospital matured, they would have abundant material from graduates and pupils of such a training school.

"The proposition was most favorably received and from a fund of money then on hand, the Indianapolis Training School for Nurses was established under the supervision of the Flower Mission. I believe the sum of money secured had been obtained for the double purpose of training nurses for the Flower Mission Hospital and possibly to act as a nucleus for the building of such an institution. The home for the nurses was opened on West New York Street opposite Military Park and a horse and spring wagon purchased. The superintendent and her nurses drove back and forth to the hospital, the day nurses coming early in the morning to relieve those who had been on duty all night and the night nurses in turn driving over in the evening to relieve the day nurses.

"The money which belonged to the training school had been deposited in one of our local banks and was being used together with the very meager allowance then secured from the city to defray the expense of maintaining the training school. Within a few months after the training school was established, the bank containing its funds failed and we were confronted with the problem of abandoning the training school or raising the money from some other source. The loss of this money afforded a very potent argument for inducing the Hospital Board and the City Council to increase the appropriation for the training school. The amount paid the training school from the time it was established until its funds were lost by the failure of the bank was $36 a month and the training school organization furnished its own home for its nurses

on New York Street and paid all expenses. After the bank's failure, Mr. McCullough, Judge Martindale and other prominent citizens went before the City Council with me and succeeded in getting an allowance of $75 per month and permission to use one floor of the east wing of the City Hospital as a home for the nurses.

"The training school was then moved to the hospital where it has since remained. It was entirely separated from the Indianapolis Nursing School in the fall of 1896 at the commencement of Dr. Charles Ferguson's second term as superintendent. Its graduates are scattered throughout the length and breadth of the land. Some of them, indeed, have gone to foreign lands and one at least, Miss Carrie Bell, has become a martyr, having died of cholera while serving as a foreign missionary and nurse in the Isle of Ceylon. A number of the graduates of this school have become superintendents of training schools in other cities. The influence of the training school on this hospital is something I cannot fully portray. Its influence outside this hospital has been equally potent. It is largely through the influence of its graduates that the evolution of nursing in Indiana has been so constantly progressive."[3]

Neophitic Nurses

At last, on September 1, 1884, Miss A. A. Traver of Bellevue Hospital was installed as superintendent of the new training school, beginning with one pupil nurse, Miss M. E. Iddings. Soon, other pupils began to arrive. Dr. Wishard said: "I cannot express the relief which their intelligence, conscientious and capable assistance gave. Their records of cases and care of patients brought hope as a constant and welcome guest into the institution. About November 1 of the same year, Miss Richards and Miss Crosby, both graduates of the Bellevue Training School, came as assistants to Miss Traver. Miss Crosby was succeeded in a short time by Miss Dryer, who was also a Bellevue graduate. The establishment of the school, however, was attended by some opposition. I very well remember that one of our leading physicians who was then a teacher in one of our medical colleges asked me in all seriousness if I was not afraid that I was making a great mistake in establishing a training school for nurses. He wanted to know if there was not danger, that in giving these young ladies a course of lectures and study and of practical instruction at the bedside, that they might in an objectionable manner in many ways supplant the physician. He seemed to think that an educated nurse would be inclined to arrogate to herself the functions of a physician and to supplant the latter in his authority and control of cases. I told him that I had no thought of such a result, that if it did occur, it would be the fault of an occasional individual nurse and would not be chargeable to the system of educating nurses.

"Within a few months after the training school was started, this same physician and the majority of our other leading practitioners besieged Miss Traver and myself with requests for the services of nurses in their private practice."[3]

Thus began the second training school for nurses west of the Alleghenies. The course of training was two years, the entrance requirements not as rigid as now. However, "a group of well educated young women constituted the personnel of the first class, graduated in 1885."[3] Miss Traver resigned in a year and was succeeded by Miss Abbie Hunt who later became Mrs. Peter F. Bryce, affectionately remembered as "Mother Bryce." During her administration, graduate nurses were sent to St. Louis, Louisville, Springfield, Chicago, Denver and Los Angeles to organize training schools. Mrs. Bryce later became the Mother of Public Health Nursing in Indianapolis.

The first class had nine students, five of whom graduated. The course of two years included emergency treatment of poisoning, syncope, hemorrhage, convulsions, suffocation, discharges from the body, care of lying-in women, children, dressing of burns, cupping, administration of enemas, catheterization, bathing, massage, recording of vital signs, an outline of anatomy, giving of medicines, physiology and bedside instruction.

In earlier years,[4] the student nurses worked from 7:00 A.M. to 7:00 P.M. with two hours off to attend classes. On Sunday,

they received four hours off in the afternoon. There was no social life at all. Each room housed four girls. Once a year, a late pass was permitted to attend a very special program, such as an opera. The nurses were allowed to speak to physicians only on professional matters and to medical students not at all. One nurse was dismissed ten days before graduation because she shook hands with a male patient who was leaving the hospital to go home.

My father was much impressed during his term of office with the plight of genitourinary patients in the hospital, a fact which had influence in his selection of urology as a specialty when he resigned as superintendent in 1887. One story, not urologic, I remember him telling me as a small boy. A murderer had been admitted, suffering from what was called membranous croup—probably diphtheria. During the night, he was called to see the prisoner because of respiratory difficulty. The patient, already sentenced to execution, became so cyanotic that mouth-to-mouth respiration was essential. As a child, it was hard for me to understand why a condemned convict should be resuscitated so he might die later on the gallows.

"Wishard's Wisdom"

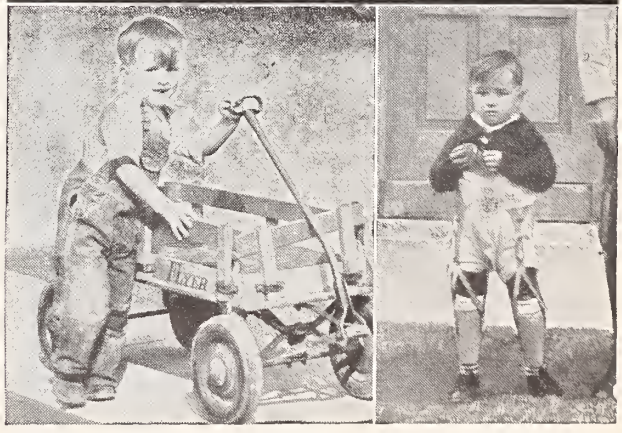
And so it has come to pass. We have tried to sketch the early days of the hospital and its training school together with the men and women who organized it. "Dunlap's Folly" grew to be known as "Wishard's Wisdom" according to the press of the day. It has become greater with each succeeding year. The modern educational advantages which you have had hark back to very tiny beginnings. Dr. Dunlap conceived the idea of the hospital and started it, but to Dr. Wishard must go the credit for placing it in continuing practical operation, and with the help of the Flower Mission, establishing the second training school for nurses west of the Allegheny Mountains.

I am indebted for source material to Dr. Thurman B. Rice who has written extensively on the early history of medicine in Indianapolis and Indiana, as well as to my aunt, Miss Elizabeth Wishard, first bookkeeper of the hospital, for records of my father which she preserved. The first bookkeeping "department" was a secretary desk which was purchased for my grandfather's office from Dr. Graden of Southport for $5.00. I still have this in use in my own office, a beautiful antique admired by all who see it. The first operating table in the old hospital, discarded many years ago, is still preserved as an examining table in our office.

It is well for us to remember that the primary purpose of the primitive hospital of '79 remains the same today in our very elaborate modern institution—to care for the sick, to help them regain health, or if that is impossible, to relieve pain and give comfort to the remaining days of the incurable. The attitude we should all have is beautifully exemplified in the closing paragraph of a brief review of the Massachusetts General Hospital for 1964 by its director, Dr. John H. Knowles:

"I never tire of saying that all of us—trustees, staff, administration—doctor, nurse, maintenance man—surgeon, pediatrician, research worker—no matter what

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the interest or what the discipline, all of us are proud of this institution and deeply grateful for the privilege of being part of it. As an individual acquires certain virtues as he grows, so too does an institution and the sum total of its virtues reflects the virtues of its individuals. Hope, will, skill, purpose, fidelity, caring, love, and finally integrity are acquired as repeated crises are resolved satisfactorily in the individual as well as the institution's life. The hospital and all its individuals have risen to these various crises and have never failed to resolve them satisfactorily. As a result, the hospital continually gains strength and has increasing capacity to carry out optimally its prime function of caring for the sick . . . and caring stands above all." From Dr. Hugh Jewett of Baltimore, I once heard a quotation of the late Dr. J. M. T. Finney on the three kinds of ability a doctor should have—affability, availability and just plain ability. I think these assets apply equally well to you of the graduating class. May you prosper well in your forthcoming work as graduate nurses. My congratulations to you all.

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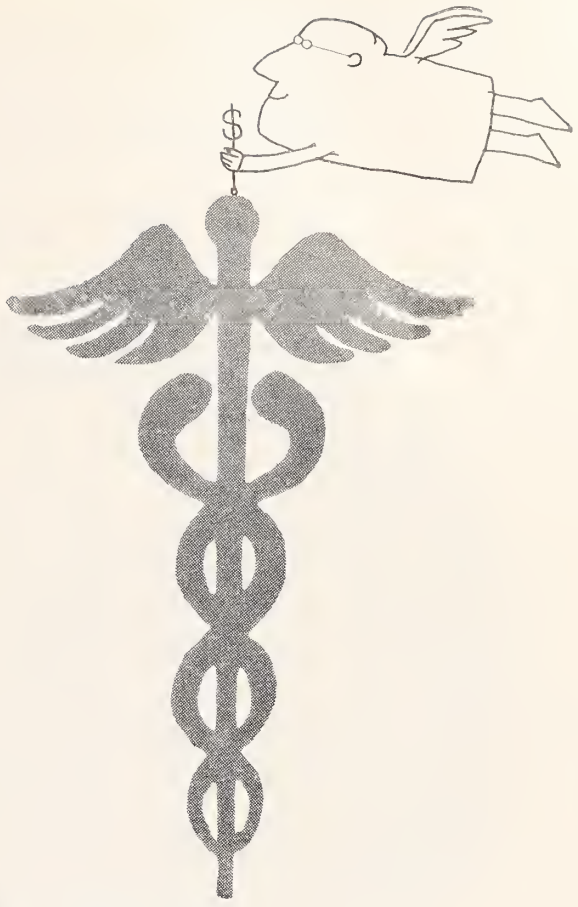
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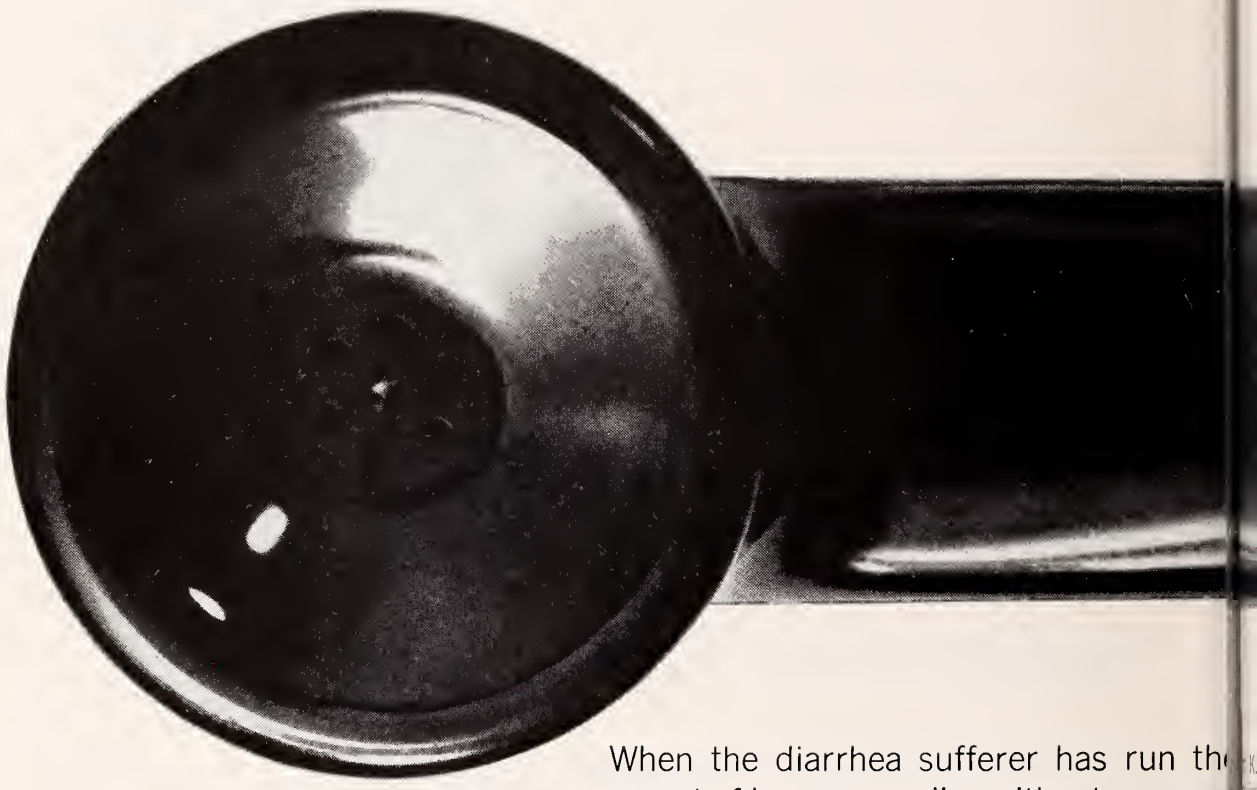
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Date June 26-30, 1966
Place Chicago, Ill.

INDIANA STATE MEDICAL ASSOCIATION
CONVENTION
Date October 10-13, 1966.
Place French Lick, Indiana

AMERICAN COLLEGE OF SURGEONS,
INDIANA CHAPTER
Date April 30-May 1st
Place Ball State University, Muncie

INDIANA ACADEMY OF GENERAL PRACTICE
Date May 3-5, 1966
Place Fort Wayne

INDIANA ACADEMY OF OPHTHALMOLOGY
AND OTOLARYNGOLOGY
Date May 4-5, 1966
Place French Lick Sheraton Hotel, French Lick

INDIANA ASSOCIATION OF PATHOLOGISTS
Date April 16
Place VA Hospital, Indianapolis

INDIANA CHAPTER OF THE AMERICAN
ACADEMY OF PEDIATRICS
Date May 18-19
Place Marott Hotel, Indianapolis

INDIANA NEUROPSYCHIATRIC
ASSOCIATION
Date Second Wednesday of every month,
October through May
Place The Athenaeum, Indianapolis

INDIANA OBSTETRICAL AND
GYNECOLOGICAL SOCIETY
Date April 6
Place Athenaeum, Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 1
Place Indianapolis

INDIANA STATE ASSOCIATION OF MEDICAL
ASSISTANTS
Date April 22-24
Place Van Orman-Fowler Hotel,
Lafayette, Ind.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
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Blue Shield Operational Data: 1946-1965

(One of a series prepared by Blue Shield)

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	Enrollment At Year End	Number of Claims	Payment For Doctor's Services	Operating Percent
1946	80,568	540	$ 32,021	30.9%
1947	141,293	5,780	421,479	16.4
1948	232,103	14,191	872,986	15.4
1949	364,550	27,068	1,430,854	14.0
1950	539,712	47,613	2,418,466	12.8
1951	729,897	78,752	3,791,691	13.7
1952	871,726	109,897	5,041,642	11.6
1953	989,344	144,016	6,064,876	12.3
1954	1,059,837	171,013	6,681,876	12.5
1955	1,267,994	209,510	7,945,040	11.1
1956	1,355,097	291,080	11,148,990	9.9
1957	1,396,368	368,470	13,753,780	9.7
1958	1,306,181	390,975	13,730,466	9.6
1959	1,363,882	427,149	14,477,628	9.8
1960	1,391,624	463,057	15,752,605	9.0
1961	1,431,251	514,991	17,957,496	8.3
1962	1,469,670	587,213	20,721,436	7.2
1963	1,491,827	662,710	23,319,855	6.8
1964	1,520,148	727,020	25,846,611	6.6
1965	1,554,470	764,683	26,939,647	6.2

GRAND TOTALS

1946 Through December 1965

Total payments for doctors services since September, 1946		$218,306,407
Add outstanding		4,277,915
Total claims expense through December 31, 1965		$222,584,322
Earned income	$253,040,082	
Reserve - December 31, 1965	$ 8,820.755	
Total claims paid for members since September, 1946		6,005,728

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JACK W. HICKMAN, M.D.
Indianapolis

The Humoral Factor in Erythropoiesis

A piece of experimental work that may be of great future importance is reported by Finne.[1] The paper describes for the first time a method for detection of erythropoietin in the urine of normal healthy adult males. This fascinating humoral factor is known to stimulate erythropoiesis in man, and has at times been demonstrated in the blood of anemic subjects. This paper also presents evidence that erythropoietin is of value to man in normal homeostasis as well as during times of anemia. The procedure used by the author is far too complex for ordinary laboratory practice, but this work should stimulate further investigation regarding the mechanisms of action of erythropoietin.

Heart Disease Detected by Small Chest X-ray

The 35 mm. and 70 mm. chest x-ray has been used for years as a screening technic for pulmonary disease in public health programs, schools, industry and other areas. A report by Barry and Fleming[2] takes a look at this technic as a screening procedure for heart disease in East Suffolk. They report on 83,129 such x-rays. Of this huge group, they were able to detect 71 cases of acquired valvular heart disease, 59 cases of congenital heart disease and 68 cases of other forms of heart disease. Of the congenital heart disease discovered, atrial septal defects were the most common, as one would suspect. These figures compare very favorably with the 99 cases of pulmonary disease that were discovered in the same study group. The authors conclude that this method is valuable as a screening procedure and wisely point out that a heart shadow of normal size and configuration does not guarantee the absence of heart disease.

Hyperthyroidism More Mysterious with New Knowledge

As Adams[3] points out, the pathogenesis of hyperthyroidism used to be very simple when TSH was discovered. It was very comforting to explain that excessive TSH secretion stimulated the thyroid gland to produce a surfeit of thyroid hormone. Unfortunately, as our knowledge of thyroid disease has increased, this nice plan has become upset in many respects. The most talked about substance is now long-acting thyroid stimulator (L.A.T.S.), which is surely not produced in the pituitary gland at all and does not seem to work merely through stimulation of the pituitary. Adams' article asks as many questions as it answers, but it is an excellent brief review of the present state of our knowledge and ignorance in this area of investigation.

A Good Word for Histalog

Although Histalog has been used in this part of the country for a number of years as a stimulus in gastric acid determinations, the same has not been true everywhere. It is encouraging to see the paper by Scobie[4], therefore, to learn of his confirmatory evidence of the safety and effectiveness of this method. The author found that a 100 mgm. dose of Histalog produced gastric secretion comparable to a "maximum" dose of histamine acid phosphate. He also noted that flushing, headache and drowsiness were less prominent with Histalog than with histamine.

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Medical Motion Pictures, Color TV to be Daily Features at AMA Annual Convention

Medical motion pictures and color television will be a feature of the annual convention of the American Medical Association again this year.

The convention is to be held in Chicago June 26-30, the scientific program at McCormick Place and the House of Delegates at the Palmer House.

Medical motion pictures have become an integral part of the annual convention program. Some are chosen from the AMA library of medical motion pictures while others are picked from among films just completed. Several new films are usually shown for the first time at the annual convention. The total motion picture program is thus planned to achieve both variety and currency.

Both medical motion pictures and color television will be presented daily. Live color television presentations have proven a popular addition to the annual convention scientific program. Like the movie program, the color television program is carefully planned to put the unique educational potential of television at the service of continuing medical education. At last year's convention in New York, color television cameras took physicians into an operating room to watch surgical procedures.

The entire scientific program for the 1966 annual convention will be published in the May 9 issue of *The Journal of the American Medical Association.*

Medicine At Law

DECISIONS AND OPINIONS

Highlights of recent court actions pertaining to health and medicine from *The Citation* prepared by the Law Division of AMA.

Injury Sustained by Nurse's Aide in Fall on Hospital Premises While Leaving Work Compensable—A nurse's aide whose back was injured when she slipped and fell on the premises of the hospital where she worked was entitled to workmen's compensation benefits, even though she fell while she was leaving the premises after completing her day's work, the South Carolina Supreme Court ruled.

The nurse's aide slipped and fell on a brick sidewalk while walking to her car. Her car was in a parking area that the hospital had set aside for the use of employees in her classification.

An injury is compensable only if it was caused by an accident that "arose out of" and "in the course of" the employment. The nurse's aide's employment included her entry to and departure from the place of work as much as it included her actual work, and she was entitled to a reasonable period of time for that purpose. An accidental injury is not compensable merely because it occurred on the employer's premises. However, the fact that the nurse's aide was rightfully on the premises controlled by the hospital, as a result of her employment, and was leaving over the premises as contemplated after finishing her day's work, made the leaving "in the course of" her employment, the court said.

The hospital had to provide means of ingress and egress for its employees' use in going to and from their place of work. When the nurse's aide fell, she was proceeding by the most direct route from the building where she worked to the parking area maintained by the hospital. Her walk from the building to the parking area was just as much a reasonable incident to leaving her place of work as the walk from the ward where she worked along a corridor to the building's door. Her injury resulted from a risk reasonably incident to her employment and it, therefore, "arose out of" the employment.

Williams v. South Carolina State Hospital, 140 S.E. 2d 601 (S.C., Feb. 25, 1965).

Infant Recovers for Paralysis Caused by Restraints—A jury awarded $1,500 against a pediatrician and a surgeon for injuries suffered by a three-year-old boy following an appendectomy. After the surgery, the child became restless, and his left leg and foot and right arm were fastened to the bed with tape and a board. Testimony showed that the restraint caused compression of the common peroneal nerve. The child's leg was paralyzed for a year but was recovered thereafter. Suit was dismissed against two other physicians and a hospital.

Markowitz v. Cooper, Cir. Ct., Cook County, Docket No. 59C-7250 (Ill., Nov. 29, 1965).

Workmen's Compensation Benefits for Arm Injury Denied—A claimant was not entitled to workmen's compensation benefits where the evidence failed to establish that an abnormality in his hand, which became exposed when he injured his arm, was an osteoid osteoma which was causing a partial loss of function in his wrist, a four-judge majority of a Louisiana intermediate appellate court ruled.

The claimant injured his arm when the axe with which he was clearing brush twisted in his hands with some force when

the axe hit a hard substance. After being treated for a number of weeks for tenosynovitis, he was discharged as being able to return to work.

The claimant testified that he continued to suffer pain and could not return to his occupation. He stated that because of his injury he sustained a loss of grip in his left hand, cannot fully rotate the wrist, and experiences a reflex action which brings about an involuntary opening of the hand.

An orthopedic surgeon testified that the claimant had a 25% loss of function of his left wrist, in his opinion caused by the exposure of a pre-existing osteoid osteoma by traumatic fragmentation of the cortex covering it, and that this would cause pain upon certain movements of the hand, wrist, and arm.

Two orthopedic surgeons and an expert radiologist testified that the abnormality disclosed by the x-rays of the claimant's hand was a pseudocyst which would not cause pain.

The number of expert witnesses testifying for the respective parties is not, in itself, the determination of a disputed issue. The overall picture of all the circumstances must be considered. The testimony of the radiologist, because of his standing as a recognized expert in his field, was entitled to considerable weight. The claimant failed to sustain his burden of proving that he was disabled, the court ruled.

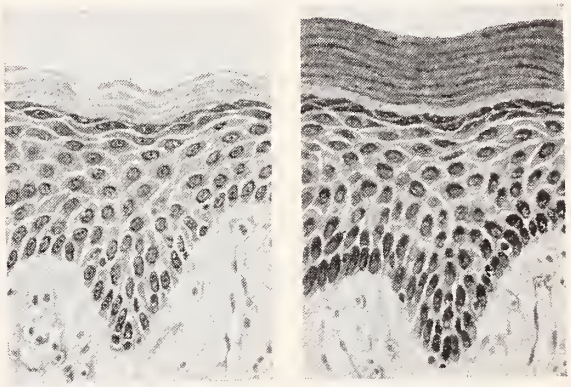
One judge dissented, saying that the claimant's testimony that he still suffered pain was uncontradicted, and that it would, therefore, appear that the diagnosis of a pseudocyst was erroneous. The majority ignored the rule that, where the medical evidence is in conflict, the claimant's testimony should be accorded great weight.

The decision denying the claimant benefits followed a second hearing of the case by the intermediate appellate court, and reversed a two-to-one decision in favor of the claimant. In the original decision, emphasis was placed on the claimant's uncontradicted evidence that he still suffered pain.

McNutt v. H. B. Hughes Construction Co., 161 So. 2d 315 (La., July 1, 1963; on rehearing, Feb. 3, 1964). ◄

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- Six times the LD_{50} of methoxsalen—only half the dosage of methoxsalen, due to 2X activity.
- No liver function test required.

CONTRAINDICATIONS: Diseases associated with photosensitivity, such as porphyria, acute lupus erythematosus, or leukoderma of infectious origin.

To date, the safety of this drug in young persons (12 and under), has not been established and is, therefore, contraindicated.

DOSAGE: Adults and children over 12 years: two tablets daily as directed in brochure.

SUPPLIED: Bottles of 28 and 100 coated tablets. *Also available:* Oxsoralen Lotion when the natural botanical is preferred.

References: (1) Becker, Jr., S. W.: J.A.M.A. 173: 1483-1485, 1960; (2) Pathak, M. A., and Fitzpatrick, T. B.: J. Investig. Dermat. 32:509-518, 1959; (3) Pathak, M. A., Fellman, J. H., and Kaufman, K. D.: 33:165-183, 1960.

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Sesinando A. Gonzales, #2 South Central, Canonsburg, Pa. 15317—*Ob-Gyn*

Anthony D. Leschin, 2 Regent Court, Novato, Calif. —*Pathology*

Philip J. Coverdale, Jr., 3827 N. Farwell Ave., Milwaukee, Wis.—*Radiology*

Donal M. Billig, 2907 Linkwood, Houston, Texas—*Thoracic & Cardiovascular Surgery*

Daniel D. Lovelace, Napa State Hospital—Box A, Imola, Calif.—*Urology*

Gary R. Alford, R. R. 2, Blue Bill Park Dr., Waunakee, Wis.—*Urology*

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INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—January, 1966

Disease	Jan. 1966	Dec. 1965	Nov. 1965	Jan. 1965	Jan. 1964
Animal Bites	288	460	509	283	340
Chickenpox	651	389	296	890	676
Conjunctivitis	93	101	95	139	128
Diphtheria	0	0	0	1	0
Dysentery, Unspecified	100	55	67	42	113
Gonorrhea	377	432	304	319	250
Impetigo	70	129	157	103	96
Infectious Hepatitis	39	46	44	29	44
Infectious Mononucleosis	62	79	89	40	14
Influenza	1774	1305	1088	612	1402
Measles (Rubeola-Rubella)	469	306	236	209	1249
Meningitis, Meningococcal	4	5	1	5	4
Meningitis, Other	6	7	3	3	8
Mumps	388	168	108	324	677
Pertussis	0	0	9	28	15
Pneumonia	289	418	482	291	237
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	768	589	495	577	400
Syphilis					
Primary & Secondary	6	14	2	3	12
All Other Syphilis	80	86	69	90	94
Tinea Capitis	29	15	12	30	4
Tuberculosis (Active)	93	105	90	86	62

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ABSTRACTS

BOOK REVIEWS

BILHARZIASIS

Ciba Foundation Symposium, edited by G. E. Wostenholme and M. O'Connor, Little, Brown & Co., Boston, Mass., 1962; illustrated; 433 pages; $11.50.

Bilharziasis—or schistosomiasis—shares with malaria the "distinction" of being the most widely spread, infectious disease still afflicting mankind. Some 200,000,000 peasants of Africa and N.E. South America have this disease as the consequence of their bare-footed, insanitary existence. Human excrement contaminates their irrigation ditches; the cercariae leave the intermediate host, the snail; they penetrate the unshod feet of the humans (chiefly children) and burrow their way into the abdominal veins. There they mate and lay eggs that (eventually) are excreted into the ground; the free swimming larvae latch onto a snail, thus completing the vicious cycle. (See: "Colombian Snail Connoisseur": *Case Capsules*, Charles C Thomas, Springfield, Ill., 1964, p. 112).

The present symposium concerns itself with the HOW of trying to abort the debilitating, recurring chain of events. The details of the discussion can be left to the specialists. Fortunately, starting on p. 404, there is a very concise summation that makes excellent reading. How is bilharziasis transmitted? What are the experimental facts? What is the clinical pathology? What about environmental control and the use of molluscicides?

As always, the format is good, the binding excellent and the editing superb. Hospital libraries would do well to have this monograph available.

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

THE BIOCHEMISTRY OF CLINICAL MEDICINE

W. S. Hoffman, 3d edition, Year Book Medical Publishers, Chicago, Ill., 1964, 802 pages.

PRINCIPLES OF BIOCHEMISTRY

White, Handler and Smith, McGraw-Hill Book Co., New York City, 1964, 1106 pages, $16.50.

These recent editions of the two most popular volumes in the field complement each other most enticingly: I find myself turning to their pages more and more.

Times are changing rapidly; "basic" science acquires everyday clinical applicability. Gout can now be pin-pointed in terms of purine metabolism; vitamins have exact formulae; hormones and feedback mechanisms can be traced biochemically; the steric configurations of the porphyrins and their genetically-controlled mutations makes clear the exact reason for such syndromes as sickle cell anemia, etc.

The practicing physician would do well to heed the obvious: boning up on biochemistry is becoming a pressing must. I cannot think of any better texts with which to start.

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

Abstracts From Various Literature, Prepared by AMA

HYPERGLYCEMIA AND ACETONURIA SIMULATING DIABETES

L. Baker (Children's Hosp., Philadelphia), R. Kaye and T. Moshang
Amer. J. Dis. Child. 11:59, (Jan.), 1966.

The case histories of three children who presented with hyperglycemia, acetonuria and glucosuria are reviewed. The diagnosis of diabetes mellitus was questioned because of the lack of any diabetic symptoms (unusual thirst, polyuria, nocturia and weight loss) immediately preceding the illness. The correctness of withholding insulin therapy in these cases was upheld by subsequent developments. An association between the use of phenylephrine and the hyperglycemia was noted in all three patients. Phenylephrine, although pharmacologically related to epinephrine, is generally regarded as having no effect on the carbohydrate metabolism but was the only common denominator to the three patients reported. It is stressed that a false-positive diagnosis of diabetes can be made, and that the diagnosis of diabetes must be a definitive one before insulin therapy is started. A complete history including information concerning medications is invaluable in preventing incorrect diagnosis and unnecessary therapy in these cases.

THE HEAD-DOWN (TRENDELENBURG) POSITION FOR TREATMENT OF IRREVERSIBLE HEMORRHAGIC SHOCK

M. H. Weil and H. Whigham (2025 Zonal Ave., Los Angeles)
Ann. Surg. 162:905, (Nov.), 1965.

The possibility that the head down, or Trendelenburg, position increases survival in animals in comparison to the horizontal position after shock due to blood loss is excluded with high statistical confidence. A standardized form of shock was produced in rats by hemorrhage. The animals were maintained at arterial pressure levels of 35 mm. Hg for 210 minutes. After reinfusion of blood, they were maintained in a head down, head up, and horizontal position. Durations of survival and responsiveness, signs of cerebral status, were much better in the horizontal than in either the head down or

the head up position. Current evidence indicates that the Trendelenburg position does not favor survival. To the contrary, these findings in animals and preliminary studies in patients suggest that it may be detrimental to the treatment of delayed shock following hemorrhage.

SCABIES, TEN YEARS LATER

E. Epstein (447 29th St., Oakland, Calif.)
Arch. Derm. 93:60, (Jan.), 1966.

It was demonstrated in previous articles that scabies became a comparative rarity in the early 1950's, with the incidence of new patients in a dermatologic practice dropping from about 4% as a normal rate to less than 1% of the total new patients. A survey of cases in private practice has demonstrated that the disease has neither disappeared completely nor increased in incidence. There is a lower index of suspicion toward this disease, the manifestations are commonly atypical, it tends to be more resistant to therapy and secondary dermatitis from local applications is encountered frequently.

USE OF KNITTED MARLEX MESH IN THE REPAIR OF VENTRAL HERNIAS

E. Jacobs (University of California Medical Center, San Francisco), W. Blaisdell, and A. D. Hall
Amer. J. Surg. 110:897-902, (Dec.), 1965.

Knitted Marlex mesh, a recently developed polyethylene plastic which has significant advantages over the previously used prostheses, was used in 20 patients for the repair of difficult ventral hernias. Most of these were large or complicated defects, averaging 105 sq cm in cross-sectional area. Two patients had recurrences of the hernia at the margin of the repair a few months after the operation. Although Marlex has been used for four years, the average follow-up time was only 18 months. In nine patients, serum accumulated between the subcutaneous tissue and the mesh, which required needle aspiration. The one instance of infection occurred after necrosis and slough of one of the skin flaps. Six different technics were used to implant the Marlex. The simplest technic was reinforcement of the primary repair. The two layer or sandwich method of bridging the defect is recommended in the repair of larger defects. Marlex should not be used indiscriminately in the repair of defects that can be closed primarily without prosthetic material.

ENCEPHALITIS AFTER THE REDUCTION OF STEROID MAINTENANCE THERAPY

M. R. Crompton and R. D. Teare (St. George's Hosp. Medical School, London)
Lancet 2:1318-1320, (Dec. 25), 1965.

In two patients, acute necrotizing encephalitis, almost certainly due to herpes-simplex virus, developed in one case seven weeks and in the other case four days after sudden massive reduction of steroid maintenance therapy. These two cases may serve to alert clinicians to the possibility of herpes-simplex encephalitis in patients on steroids who present with acute neurological symptoms. ◄

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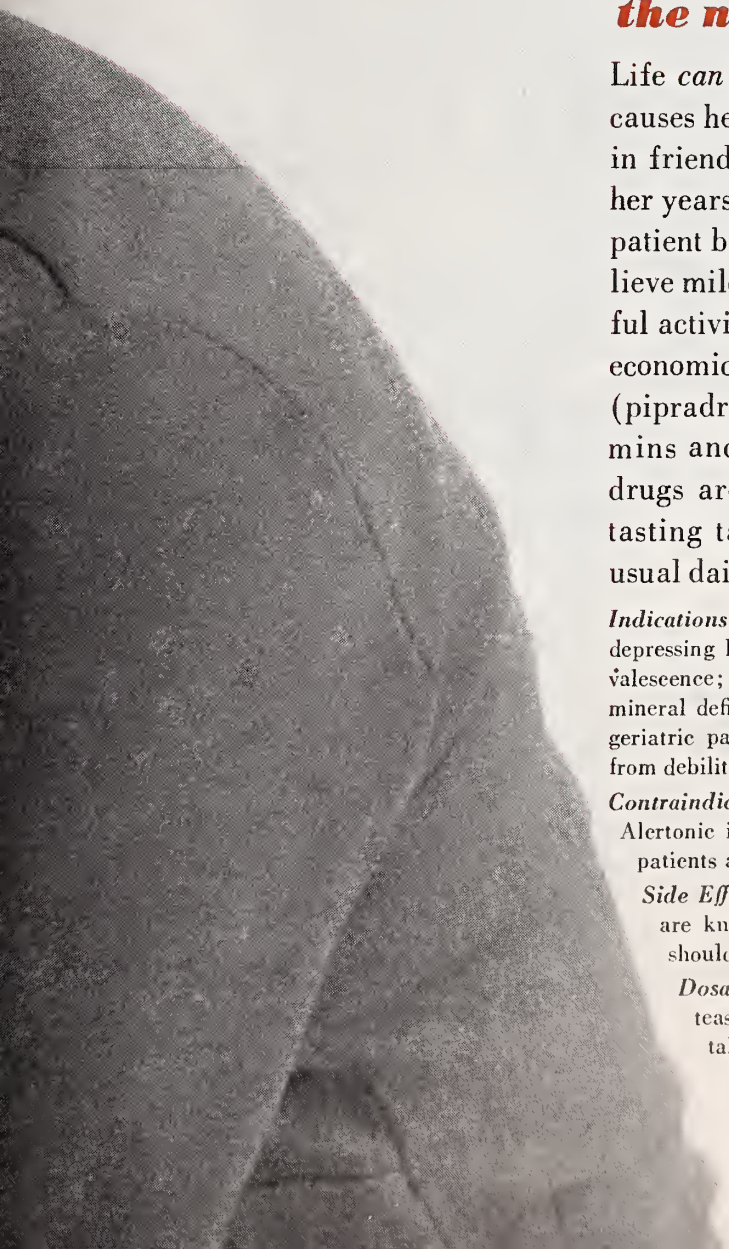
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Each 45 cc. (3 tablespoonfuls) contains: alcohol, 15%; pipradrol hydrochloride, 2 mg.; thiamine hydrochloride (vitamin B_1) (10 MDR*), 10 mg.; riboflavin (vitamin B_2) (4 MDR), 5 mg.; pyridoxine hydrochloride (vitamin B_6), 1 mg.; niacinamide (5 MDR), 50 mg.; choline†, 100 mg.; inositol†, 100 mg.; calcium glycerophosphate, 100 mg. (supplies 2% MDR for calcium and for phosphorus) and 1 mg. each of the following: cobalt (as chloride), manganese (as sulfate), magnesium (as acetate), zinc (as acetate), and molybdenum (as ammonium molybdate).

*Multiple of adult Minimum Daily Requirement supplied.
†The need for these substances in human nutrition has not been established.



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Indications: 1. Functional fatigue such as that often associated with: a depressing life experience or stressful time of life; advancing years; convalescence; limited activity or confinement. 2. Poor appetite and vitamin-mineral deficiency as they occur in: patients having faulty eating habits; geriatric patients who are losing interest in food; patients convalescing from debilitating illness or surgery.

Contraindications: As with other drugs with CNS-stimulating action, Alertonic is contraindicated in hyperactive, agitated or severely anxious patients and in chorea or obsessive-compulsive states.

Side Effects: Reports of overstimulation have been rare. Patients who are known to be unduly sensitive to the effects of stimulant drugs should be observed carefully in the initial stages of treatment.

Dosage: Adults, 1 tablespoonful; children (over 15 years old), 1 to 2 teaspoonfuls; children (4 to 15 years old), 1 teaspoonful. To be taken three times daily 30 minutes before meals.

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FUTURE MEETINGS, SEMINARS, COURSES

Pan-Pacific Surgical Association Sets 10th Congress in Honolulu

The Pan-Pacific Surgical Association will hold its 10th Congress in Honolulu September 20 to 28 and is planning a Mobile Educational Seminar from September 28 to October 10 for Japan and Hong Kong, and from September 28 to November 1 for those who also wish to visit The Philippines, Thailand, India, Singapore, Australia and New Zealand.

For full particulars write the Association at Alexander Young Bldg., Honolulu 96813.

Gill Memorial Hospital Schedules Annual Spring Congress in April

The Gill Memorial Eye, Ear and Throat Hospital of Roanoke, Virginia will conduct its 39th Annual Spring Congress in Ophthalmology and Otolaryngology this year from April 4 to 8.

Information concerning fees, program details and hotel accomodations may be obtained by writing The Superintendent, Box 1789, Roanoke, Virginia.

Cleveland Clinic Announces Course On Management Problems

The Cleveland Clinic Educational Foundation will present a postgraduate course entitled "Current Management of Orthopedic and Traumatic Problems" April 6-7.

Registration fee is $30.00. Further information on the course may be obtained by writing the Director of Education, Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

Ophthalmology and Otolaryngology Meeting Scheduled for April 13-16

The Annual Spring Meeting of the West Virginia Academy of Ophthalmology and Otolaryngology will be held April 13 to 16 at The Greenbrier, White Sulphur Springs, West Virginia. An intensive one-day contact lens course will be included.

Registration fee for non-members is $35.00. The hotel has special rates for those registered. For further information write Dr. J. Elliott Blaydes, Jr., 107 Federal St., Bluefield, West Virginia.

Postgraduate Gastroenterology Course is April 4-8 in Colorado

Recent advances in gastroenterology will be the subject of a postgraduate course April 4 to 8 to be conducted by the University of Colorado School of Medicine at Denver.

Write the school at 4200 E. Ninth Ave., Denver 80220 for further information.

Course in Fractures, Other Trauma Will Be Conducted April 20-23

The 10th Annual Postgraduate Course in Fractures and other Trauma will be conducted by the Chicago Committee on Trauma of the American College of Surgeons, at the John B. Murphy Auditorium, 50 E. Erie St., Chicago, on April 20 to 23, inclusive.

Joseph A. Trueta, Nuffield Professor of Orthopaedic Surgery, Oxford, England, will join a group of distinguished out-of-town teachers which will include Dr. J. Neill Garber of Indianapolis. The registration fee is $75.00. Residents and interns are admitted free by a letter from their chief of service. Additional information is obtainable from Dr. James P. Ahstrom, Jr., 715 Lake St., Oak Park, Illinois.

April 4-5 Set as Dates for Third AMA Congress to be Held in Chicago

Impact of environment on accidental injuries and fatalities will be the subject for discussion at the third AMA Congress on Environmental Health to be held at the Drake Hotel, Chicago, April 4 and 5.

Fee of $10.00 payable at time of registration only, includes admission, two luncheons, reception and a copy of the proceedings.

Medical Technologists State Convention Set for April 15-17

The Indiana Society of Medical Technologists State Convention will be held at the Sheraton-Lincoln Hotel in Indianapolis, April 15, 16 and 17, 1966.

The scientific program will cover the practical applications of various laboratory subjects including mycology, bacteriology, blood coagulation, thin-layer chromatography and a consideration of future developments in hospitals and laboratories.

For the laboratory personnel and physicians who

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are particularly interested in the morphological aspects of blood cells, there will be a Hematology Seminar conducted by Miss Ann Bell, co-worker of Dr. L. W. Diggs, well known hematologist. This will be held Sunday, April 17, 1966 from 12:45 P.M. to 4:00 P.M. at Emerson Hall, Indiana University Medical Center.

For this seminar, a set of 10 study slides and case histories will be mailed to those who wish to register. The fee for the Hematology Seminar will be $3.00 for medical technology students and $8.00 for all others. All registrants participating will also receive an updated hematology reading list and the 1965 manual, "Morphology of Human Blood Cells" by Dr. L. W. Diggs and Miss Bell.

Lectures in Diagnostic Radiology Will Be April 16-17 in Cincinnati

Dr. Edward B. Singleton, Director of Radiology, St. Luke's and Texas Children's Hospital, Houston, Texas, will deliver the eighteenth annual Joseph and Samuel Freedman Lectures in Diagnostic Radiology at the University of Cincinnati College of Medicine on April 16 and 17.

Radiologists desiring to attend are requested to write Dr. Benjamin Felson, Department of Radiology, Cincinnati General Hospital, for further details. ◄

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From *The Journal* 50 Years Ago

. . . I believe that a too narrow view of the nature of nephritis—regarding it as an affection limited to the kidneys—may be a source of difficulty in our proper understanding of the pathology of the disease and its great variety of forms. Recovery from chronic nephritis under any treatment is rare, but we should not forget that to prolong the life of our patients and render them comfortable, are results worth striving for.

* * * *

There is not, in fact, any treatment for chronic Bright's disease; there are successive treatments, and it is necessary that the physician, following step by step the progress of the disease, shall vary the choice of his remedial measures according to the circumstances supervening in the course of the affection. If certain measures have at times been attended with success, and at others with failure, it is because physicians have not been careful to determine at what period of the disease a certain line of treatment should be employed.—George F. Butler, M.D., discussing Dr. Charles P. Emerson's article on "The Modern Conception of One Form of Nephritis," *JISMA*, March, 1916.



Two New Divisions Established at Indiana University Medical Center

Establishment of two new divisions as part of a reorganization of Indiana University's Medical Center in Indianapolis has been announced.

Dr. Doris H. Merritt, who has been assistant dean for medical research, was named head of a new Division of Sponsored Programs, and Dr. William A. McLees, former assistant administrator of the medical center, will head a Division of Plans and Development.

Assisting Dr. Merritt as head of a section on Grants Management and Accountability will be Daniel Benford. Paul Eikenberry was named physical facility development coordinator under Dr. McLees. The aim of the move is to unify activities of various units of the medical center.

Dr. Merritt, as assistant dean for research, will extend the work she has been doing in behalf of grants and contracts in the school of medicine to sponsored programs in the other schools and divisions of the medical center.

Dr. McLees will devote full time to construction and renovation needs and programs for the entire medical center.

New Pamphlet Available to Instruct the Pregnant Patient

"Nine Months to Get Ready," Public Affairs Pamphlet No. 376, is a 20-page booklet written to instruct the pregnant patient and to supplement and reinforce the instructions given her by her doctor.

Single copies may be procured for 25 cents by writing Public Affairs Pamphlets, 381 Park Ave., South, New York City 10016. Rates are quoted for the pamphlet in quantities.

Continued

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Indications: 'Deprol' is useful in the management of depression, both acute (reactive) and chronic. It is particularly useful in the less severe depressions and where the depression is accompanied by anxiety, insomnia, agitation, or rumination. It is also useful for management of depression and associated anxiety accompanying or related to organic illnesses.

Contraindications: Benactyzine hydrochloride is contraindicated in glaucoma. Previous allergic or idiosyncratic reactions to meprobamate contraindicate subsequent use.

Precautions: *Meprobamate*—Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of preexisting symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Side effects associated with recommended doses of 'Deprol' have been infrequent and usually easily controlled. These have included drowsiness and occasional dizziness, headache, infrequent skin rash, dryness of mouth, gastrointestinal symptoms, paresthesias, rare instances of syncope, and one case each of severe nervousness, loss of power of concentration, and withdrawal reaction (status epilepticus) after sudden discontinuation of excessive dosage.

Benactyzine hydrochloride—Benactyzine hydrochloride, particularly in high dosage, may produce dizziness, thought-blocking, a sense of depersonalization, aggravation of anxiety or disturbance of sleep patterns, and a subjective feeling of muscle relaxation, as well as anticholinergic effects such as blurred vision, dryness of mouth, or failure of visual accommodation. Other reported side effects have included gastric distress, allergic response, ataxia, and euphoria.

Meprobamate—Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

Dosage: Usual starting dose, one tablet three or four times daily. May be increased gradually to six tablets daily and gradually reduced to maintenance levels upon establishment of relief. Doses above six tablets daily are not recommended even though higher doses have been used by some clinicians to control depression and in chronic psychotic patients.

Supplied: Light-pink, scored tablets, each containing meprobamate 400 mg. and benactyzine hydrochloride 1 mg.

Before prescribing, consult package circular.

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FOR DEPRESSION

even when complicated by anxiety, tension, insomnia, agitation or rumination.

- **Acts rapidly.**
- **Side effects at recommended dosage infrequent, usually easily controlled.**

NEWS NOTES

Continued

New VA Chief Medical Director

Dr. H. Martin Engle has been appointed Chief Medical Director of the Veterans Administration in succession to Dr. Joseph H. McNinch.

Dr. Engle graduated from Illinois University College of Medicine in 1939, served in the Army Medical Corps during World War II and entered the Veterans Administration medical service in 1946. His most recent assignment was director of the 6,000-bed Los Angeles VA Center. He is the first VA career physician to be named chief medical director.

Dr. Anthony A. Hajna Honored

Dr. Anthony A. Hajna, enteric bacteriologist for the Indiana State Board of Health has been honored by being awarded the 1965 Achievement Award from the Executive Audial Rehabilitation Society.

Dr. Hajna is distinguished, not only by his eminence as a bacteriologist, but is also one of the country's outstanding workers for the rehabilitation and training of the deaf. The award recognizes the stature he has achieved in science despite his loss of hearing in early childhood. He is currently president of the Indiana Association of the Deaf.

New Training Aid Booklet Available On Proper Medication Administration

A new training aid, designed to alert all hospital personnel to the importance of proper medication administration, has been prepared by The Wm. S. Merrell Company division of Richardson-Merrell Inc.

The educational brochure is designed to supplement and enhance the teaching value of the film "An Ounce of Prevention." The film, produced by Merrell in cooperation with the American Hospital Association, deals with the important subject of hospital medication procedures. "An Ounce of Prevention" has been seen by over 10,000 persons in the health professions since its premiere in 1965 at the American Hospital Association's annual convention.

The brochure, intended for audience distribution, reviews current literature on medication procedures and identifies many factors contributing to medication errors: illegible handwriting, confusion of dosage forms, wrong route of administration, mathematical errors, patient identification. Points stressed are vividly illustrated with photographs from scenes as they appear in the film.

"An Ounce of Prevention" and accompanying brochure are available on free loan to hospitals and medical, nursing and pharmacy schools and associations. To obtain the film, write: The Wm. S. Merrell Company, Division of Richardson-Merrell Inc., Cincinnati, Ohio 45215, Attention: Film Library.

New "Immunization Information for International Travel" Now Available

"Immunization Information for International Travel" has recently been issued in its new edition for 1966.

It is printed annually by the Division of Foreign Quarantine of the Public Health Service for the information of physicians who are called on to administer vaccines to persons qualifying for foreign travel. Copies of the booklet may be obtained at 35 cents a copy by writing Government Printing Office, Washington, D. C. 20402.

FPA Roster; Outline of Plan of Emergency Mobilization Published

Membership directory of the Flying Physicians Association, including an outline of the association's emergency mobilization plan, has just been published and may be obtained by any nonmember for 25 cents by writing the Association at 332 S. Michigan Ave., Chicago 60604.

The Mobilization Plan is on a voluntary basis and contemplates flights which its members will make to any part of the U. S. to provide medical care and assistance in a major disaster.

Dr. Bowers at Project Viet-Nam

Dr. C. Richard Bowers, Anderson, is on a sixty-day period of service with Project Viet-Nam. He left Los Angeles on February 1, after briefing in the office of Project HOPE, with a group of volunteer physicians, all of whom are a part of the AMA Project Viet-Nam.

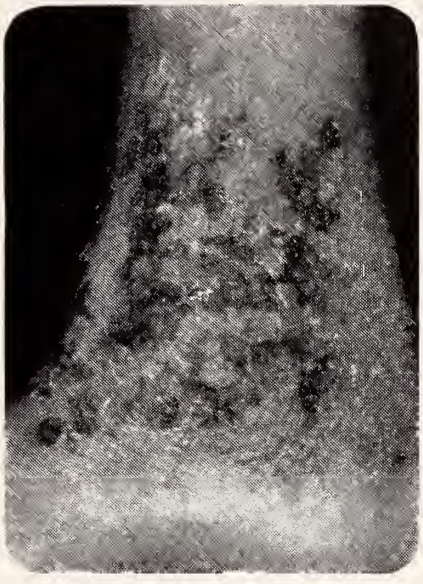
History of Medicine Society to Meet in Indianapolis in April

Dr. W. D. Snively, Jr., Evansville, will be the main speaker at the next meeting of the John Shaw Billings History of Medicine Society.

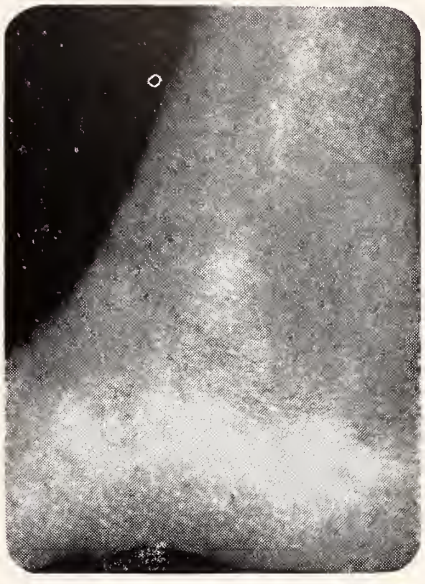
Dr. Snively's topic will be "The Trail of Death." The meeting will be held April 20 at the Marott Hotel. Dinner is at 7:30 p.m. and the speaker at 8:30 p.m. ◄

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Use with caution in lower than usual doses in cases with renal impairment to avoid accumulation of tetracycline and possible liver toxicity. If therapy is prolonged under such circumstances, tetracycline serum levels may be advisable. In long term therapy or with intensive treatment or in known or suspected renal dysfunction, periodic laboratory evaluation of the hematopoietic, renal and hepatic systems should be done. Formation of an apparently harmless calcium complex with tetracycline in any bone forming tissue may occur. Use of tetracycline during tooth development (3rd trimester of pregnancy, infancy and early childhood) may cause discoloration of the teeth. Reversible increased intracranial pressure due to an unknown mechanism has been observed occasionally in infants receiving tetracycline. Glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and definite allergic reactions occur rarely. Severe anaphylactoid reactions have been reported as due to triacetyloleandomycin. Photosensitivity and photoallergic reactions (due to the tetracycline) occur rarely. Medication should be discontinued when evidence of significant adverse side effects or reaction is present. Patients should be carefully observed for evidence of overgrowth of nonsusceptible organisms including fungi, which occurs occasionally, and which indicates this drug should be discontinued and appropriate therapy instituted. Steps should be taken to avoid masking syphilis when treating gonorrhea.



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County, District News

Boone

Dr. Robert H. Wiseheart is the newly-elected president of the Boone County Medical Society. Other new officers are: Drs. Jack Porter, vice-president and James R. McAfee, secretary-treasurer. All of the new officers are from Lebanon.

Daviess-Martin

Dr. A. G. Blazey has been re-elected president of the Daviess-Martin County Medical Society and Dr. C. Philip Fox has been re-elected secretary-treasurer. Dr. Fox will be delegate and Dr. R. H. Rang, alternate. All of the officers are from Washington.

Dearborn-Ohio

Dr. James Carr, a urologist, spoke on "Cinecystograms of Urinary Problems in Children" at the Jan. 6 meeting of the Dearborn-Ohio County Medical Society. Fourteen members attended.

Dubois

Dr. Jack D. Bland is the new president of the Dubois County Medical Society. Assisting him will be: Drs. Francis H. Gootee, vice-president; Herbert G. Erhart, secretary-treasurer; Thomas Gootee, delegate and John Barrow, alternate.

Fayette-Franklin

New president of the Fayette-Franklin County Medical Society is Dr. Francis B. Mountain, Connersville. Other new officers are: Drs. B. W. Sanders, vice-president; J. L. Steinem, secretary-treasurer; W. F. Kerrigan and H. N. Smith, delegates and A. M. Hudson and Perry Seal, alternates.

Fulton

Officers of the Fulton County Medical Society for 1966 are: Drs. Howard H. Rowe, president; Kenneth K. Kranning, vice-president and Wayne E. Knochel, secretary-treasurer.

Gibson

Dr. William Wells is the new president; Dr. William E. Dye the new vice-president and Dr. Raymond Geick, secretary-treasurer of the Gibson County Medical Society. Dr. Dye will serve as delegate and Dr. Virgil McCarty as alternate.

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Greene

New officers of the Greene County Medical Society have been elected. They are: Drs. R. E. Moses, president; K. Broshears, vice-president; Harry B. Rotman, secretary-treasurer; Dr. Rotman, delegate and Dr. J. Woner, alternate.

Hendricks

Dr. M. O. Scamahorn is the new president of the Hendricks County Medical Society. Other new officers are: Drs. Thomas Walker, vice-president; Donald D. Cheesman, secretary-treasurer; Dr. Scamahorn, delegate and Dr. Lloyd Terry, alternate.

Henry

Dr. Glenn W. Irwin, Jr., dean of Indiana University Medical School, discussed "Problems of Medical Education, 1966" at the Jan. 20 meeting of the Henry County Medical Society.

Johnson

New officers of the Johnson County Medical Society are Dr. Hugh K. Andrews, Franklin, president and Dr. Robert W. Ogle, Greenwood, secretary-treasurer.

Lake

Dr. K. O. Neumann, Lafayette, discussed "Medicare" before the Jan. 12 meeting of the Lake County Medical Society. Sixty-two members attended.

LaPorte

Dr. Jack Van Elk, Park Ridge, Ill., was the speaker at the Jan. 18 meeting of the LaPorte County Medical Society. He spoke on the clinical and research aspects of hyperbaric oxygen therapy.

Madison

New officers of the Madison County Medical Society are: Drs. William L. Baughn, Anderson, president; R. D. Williams, Markleville, vice-president and David G. Jones, Anderson, secretary-treasurer.

Newton

The Newton County Medical Society has elected Dr. L. E. Kresler, president and re-elected Dr. Arthur Schoonveld as secretary-treasurer.

Orange

Dr. H. Lester Reed, Louisville, Ky., discussed "Neurologic Deficit" with the 10 members of the Orange County Medical Society present at the Jan. 4 meeting.

Putnam

New officers of the Putnam County Medical Society are: Drs. Frederick Dettloff, president; John Ellett, vice-president; Anne S. Nichols, secretary-treasurer; Dr. Dettloff, delegate and Dr. Ellett, alternate.

Shelby

Dr. R. L. Costin, Indianapolis, spoke before the Jan. 5 meeting of the Shelby County Medical Society. His topic was "Electrophoresis of Serum Proteins."

Tippecanoe

Speaker at the Jan. 11 meeting of the Tippecanoe County Medical Society was Dr. Glenn W. Irwin, Jr., Indianapolis. He spoke on "Medical Education Trends."

Vanderburgh

Dr. George Lukemeyer, Indianapolis, spoke on "Medical Education in Indiana" at the Jan. 11 meeting of the Vanderburgh County Medical Society.

Whitley

"Esophagitis and Hiatal Hernia" was the topic chosen by Dr. John McCallister, Ft. Wayne, when he spoke at the Jan. 11 meeting of the Whitley County Medical Society. Thirteen members attended. ◄



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Deaths

M. Eugene Clark, M.D.

Dr. M. Eugene Clark, a general practitioner in Cambridge City for 24 years, died Jan. 15 in Georgia while he and his wife were en route to Florida for a vacation. He was 65.

Dr. Clark, graduated from the University of Pennsylvania in 1924, had been ill for more than a year, but had continued his practice on a limited basis. He was a member of the Henry County Medical Society.

M. Luther Hamilton, M.D.

Dr. M. Luther Hamilton, Newberry, a Greene County physician for more than 60 years, died in Linton Jan. 13 at the age of 89.

After being graduated from the Eclectic Medical School in Cincinnati in 1903, Dr. Hamilton started the practice of medicine in Owensburg and moved to Newberry in 1908. He was a member of the Greene County Medical Society, a Senior Member of ISMA and a member of the 50-Year Club.

Lowell R. Johnson, M.D.

Dr. Lowell R. Johnson, 52, Lafayette obstetrician and gynecologist, died Jan. 30 in Home Hospital.

Dr. Johnson was graduated from the University of Louisville School of Medicine in 1940. He served his internship and residency at Methodist Hospital in Indianapolis before he went to Lafayette, where he practiced for 18 years. He was a flight surgeon with the Eighth Air Force in England during World War II. Dr. Johnson was a past-president of the Lafayette County Medical Society and a staff member of St. Elizabeth and Home Hospitals.

D. E. Lybrook, M.D.

Dr. D. E. Lybrook, a physician at Young America in Cass County for 43 years, died Jan. 19 at the age of 81.

Dr. Lybrook began his practice at Young America shortly after he was graduated from the Indiana University School of Medicine in 1910; he retired in 1953. He served in Europe with the Army Medical Corps in World War I and was a member of the ISMA 50-Year Club, the Cass County Medical Society and a Senior Member of ISMA.

Frederick M. Whisler, M.D.

Dr. Frederick M. Whisler, Wabash physician and former student nursing instructor at Cornell University, died Jan. 24 at his home. He was 76.

Dr. Whisler, who was company surgeon for the New York Central and Wabash railroads at Wabash from 1930 to 1960, was a Senior Member of ISMA, a member of the 50-Year Club and the Wabash County Medical Society. ◄

Association News

EXECUTIVE COMMITTEE

January 22, 1966

Present: Ralph V. Everly, M.D., chairman; G. O. Larson, M.D.; Kenneth O. Neumann, M.D.; Eugene S. Rifner, M.D.; E. T. Edwards, M.D.; Ottis N. Olvey, M.D., Lester Hoyt, M.D.

Frank B. Ramsey, M.D.; Ralph Hamill, attorney, and James A. Waggener, executive secretary.

Membership Report:

Number of members as of December 31, 1964		4,365
1965 members as of December 31, 1965:		
Full dues paying	3,855	
Residents and interns	143	
Council remitted	53	
Senior	303	
Honorary	3	
Military	38	
Total 1965 members as of December 31, 1965		4,395
Number of members as of December 31, 1964		4,365
Gain over last year		30
Number of AMA members as of December 31, 1965		4,285
Total 1964 AMA members as of December 31, 1964		4,256
Gain over last year		29
1965 AMA members: Dues paying	3,744	
Exempt, but active	541	
		4,285
Number who have paid state dues but not AMA dues as of December 31, 1965		109

Headquarters Office

Request of the Governor's office concerning Operation Medicare Alert was discussed and the report of the action of the Governor's office was given to the committee for its information.

The secretary discussed the employment of auditors and reviewed a letter from the present auditors, Wolf and Company, and also proposals from Ernst & Ernst and Geo. S. Olive & Company. Upon motion of Drs. Larson and Olvey, the Geo. S. Olive & Company was selected as the auditors for the association.

The secretary discussed the recommendation of the Geo. S. Olive & Company that the association consider automated bookkeeping and presented a proposal from the National Cash Register Company. By consent it was agreed that the treasurer and the secretary should discuss this matter further with the Geo. S. Olive & Company.

A notice of denial of tax exemption by the state tax board for personal and real estate taxes was reviewed and on motion of Drs. Neumann and Larson, the attorneys are to be requested to file a protest of this assessment.

Treasurer's Office

The treasurer's report was accepted upon motion of Drs. Larson and Rifner.

By consent, it was recommended that the bond which matures in March be cashed and this money be used to retire the loan on the new property.

Annual Convention, French Lick, October 10, 11 and 12, 1966

Minutes of the November 14, 1965 meeting of the Commission on Convention Arrangements were reviewed and by consent it was taken that the Executive Committee recommend to the Convention Arrangements Commission that the French Lick meeting be conducted as follows:

Monday morning, October 10—Executive Committee and Council meetings
Monday afternoon—House of Delegates meeting
Tuesday morning, October 11—Reference Committee meetings
Tuesday afternoon—General scientific program
Tuesday evening—Entertainment program
Wednesday morning, October 12—Open
Wednesday afternoon—General scientific program
Wednesday evening—Annual banquet
Thursday morning, October 13—Final meeting of House of Delegates

A letter from Mead Johnson & Company, offering a $200.00 cash gift for the best scientific exhibit and a certificate was read, and on motion of Drs. Larson and Neumann, the committee voted that the association would accept this offer.

The correspondence concerning the use of scientific exhibit space by the voluntary health agencies was reviewed and accepted for information.

Legislation

Various matters concerning implementation of PL 89-97, as well as the state welfare program, were discussed and no action taken.

Organization Matters

The proposal of the American International Travel Service was further discussed and the matter was ordered filed and no action to be taken.

A letter from the Indiana State Association of Medical Assistants regarding the Indiana School for Medical and Dental Assistants, 30 West Washington Street, Indianapolis, was reviewed, as well as the curriculum of the Medical Secretarial Course proposed by the Indiana University School of Medicine. On motion of Dr. Neumann, taken by consent, the Indiana Association of Medical Assistants was to be advised that it should participate in the Indiana University program.

Renewal of membership in the Indiana Joint Council to Improve Health Care of the Aged was approved on motion of Drs. Edwards and Olvey.

Renewal of membership in the Indiana Youthpower Conference was approved on motion of Drs. Larson and Edwards.

A letter from the Hospital Planning Council for Metropolitan Chicago was read for the information of the committee.

Minutes of the State Board of Medical Registration and Examination of Indiana were reviewed for the information of the committee.

Minutes of the meeting held on licensure at Indiana University on November 24, 1965, were reviewed for the information of the committee.

Minutes of the Commission on Public Health concerning the reprinting of "The Principles of Industrial Practice in Indiana" were reviewed, and this matter is to be deferred.

Request of the Indiana Chapter of the Student American Medical Association for $750.00 to assist them in sending delegates to their national convention in May of 1967 and hosting a regional convention of this organization in April of 1967 was approved on motion of Drs. Larson and Olvey.

Upon motion of Drs. Neumann and Larson, it was agreed that the association would again purchase a full page in *The Indiana Publisher*, official publication of the Hoosier State Press Association.

A letter from the United Hospital Campaign requesting endorsement of the association of the hospital development program in Indianapolis was read. Drs. Olvey and Larson moved to approve this program; motion carried 4 to 3.

A letter from the National Municipal League concerning a model program for medical examiners was reviewed. This was referred to the Commission on Legislation for evaluation and recommendation.

A letter from Richard O. Hakes, R. N., concerning the association lending its sponsorship to an "Institute on the Adolescent of Today," to be held in Fort Wayne in June was read, as was the correspondence between the state office and the Allen County Medical Society. Upon motion of Drs. Neumann and Edwards, Mr. Hakes is to be written in the same tenor as that written before.

Letter from the AMA making inquiry as to whether the association would be interested in a working meeting to discuss physician placement activities was reviewed and it was determined that this should be answered in the negative.

Letter from Barton, Curle & McLaren offering to provide a blanket catastrophe liability policy was reviewed and on motion of Drs. Edwards and Larson, the purchase of this coverage was authorized providing the attorney, after reviewing it, recommends that the association so purchase.

New Business

By consent it was agreed that the annual trip to Washington, D. C., to meet with the Indiana delegation in Congress should be made on April 25, 1966.

A letter from the French Lick-Sheraton Hotel concerning the addition of gratuities to guest room charges during the convention in October was reviewed and by consent it was agreed that the gratuities should be added to the room charge.

Future Meetings

62nd Congress on Medical Education, Chicago, February 3-8, 1966. By consent it was agreed that the chairman of the Commission on Medical Education and Licensure or a representative be authorized to attend this meeting.

Second National Vountary Health Conference, Chicago, February 16-17, 1966. Inasmuch as Dr. Booher will be attending this meeting as a member of the Council on Voluntary Health Agencies of the AMA, it was felt that no additional representative should be sent.

Conference of State Mental Health Representatives, Chicago, March 18-19, 1966. By consent Dr. Dwight Schuster is to be requested to attend this meeting.

Congress on Environmental Health Problems, April 4-5, 1966. The chairman of the Commission on Public Health or a representative of that commission was authorized to attend this meeting.

Conference of Medical Society Officers and Legal Representatives, April 15, 1966. Mr. Hollowell and Dr. Rifner were authorized to attend this meeting.

There being no further business the committee adjourned to meet again at 5:00 p.m., Saturday, February 19, 1966. ◄

BUDGET COMMITTEE

January 22, 1966

The Budget Committee convened at 7:00 p.m., Saturday, January 22, 1966.

Present: Ralph V. Everly, M.D., chairman; G. O. Larson, M.D.; Kenneth O. Neumann, M.D.; Eugene S. Rifner, M.D.; E. T. Edwards, M.D.; Ottis N. Olvey, M.D., and Lester Hoyt, M.D.

James A. Waggener, executive secretary.

The budget was reviewed and upon motion of Drs. Larson and Olvey the president's travel account was to be increased to $2,000.00.

On motion of Drs. Neumann and Olvey, it was requested that the loan of the money owed the Student Loan Fund be repaid from the General Fund.

Upon motion of Drs. Neumann and Olvey, the allocation of dues for the Student Loan Fund is to be retained in escrow until such time as the next meeting of the House of Delegates can discuss further the needs of this fund.

The budget for the General Fund was then approved upon motion of Drs. Neumann and Larson.

The budget for *The Journal* was approved upon motion of Drs. Rifner and Olvey.

There being no further business, the meeting was adjourned. ◄

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The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

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April, 1966

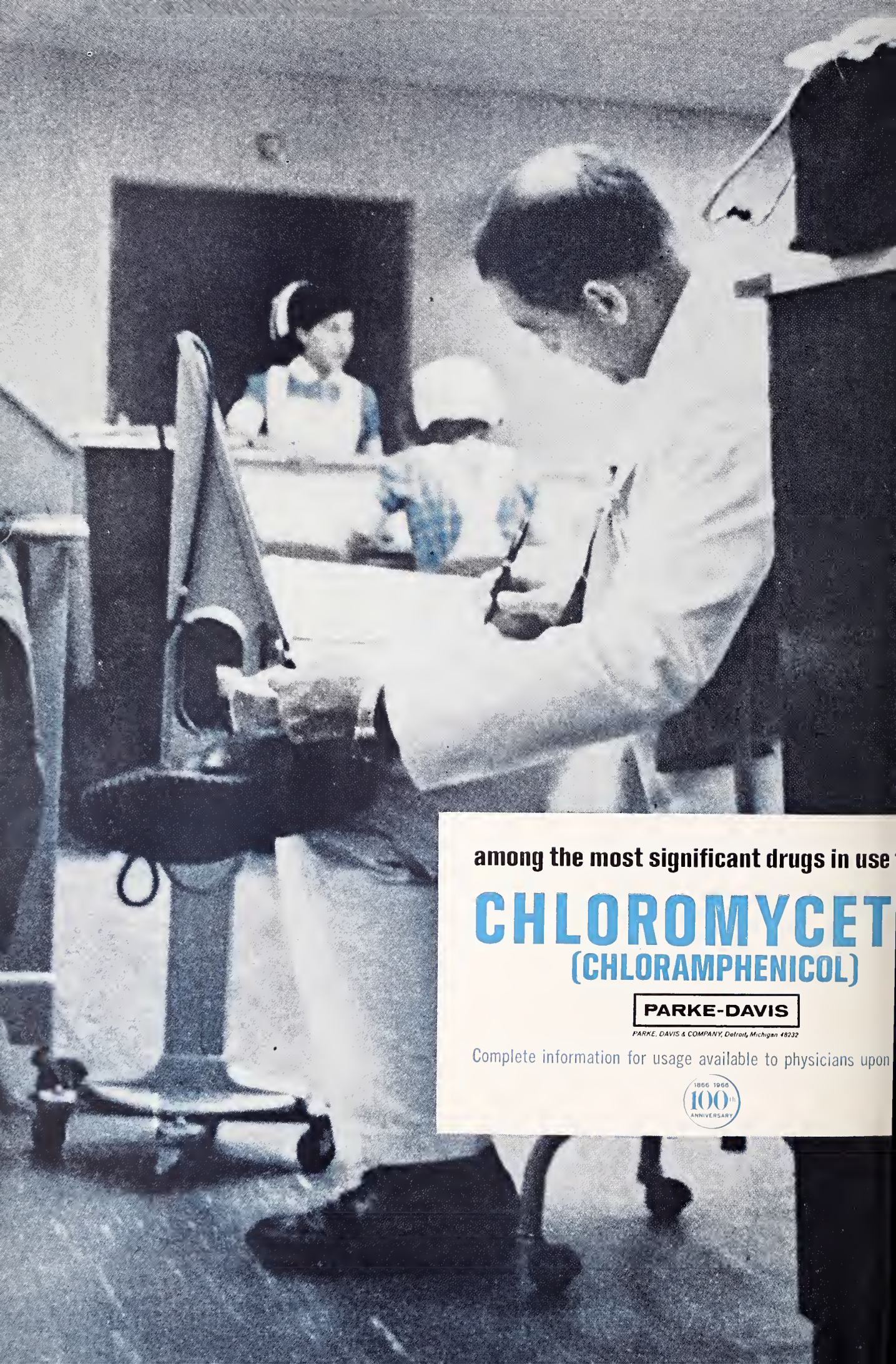
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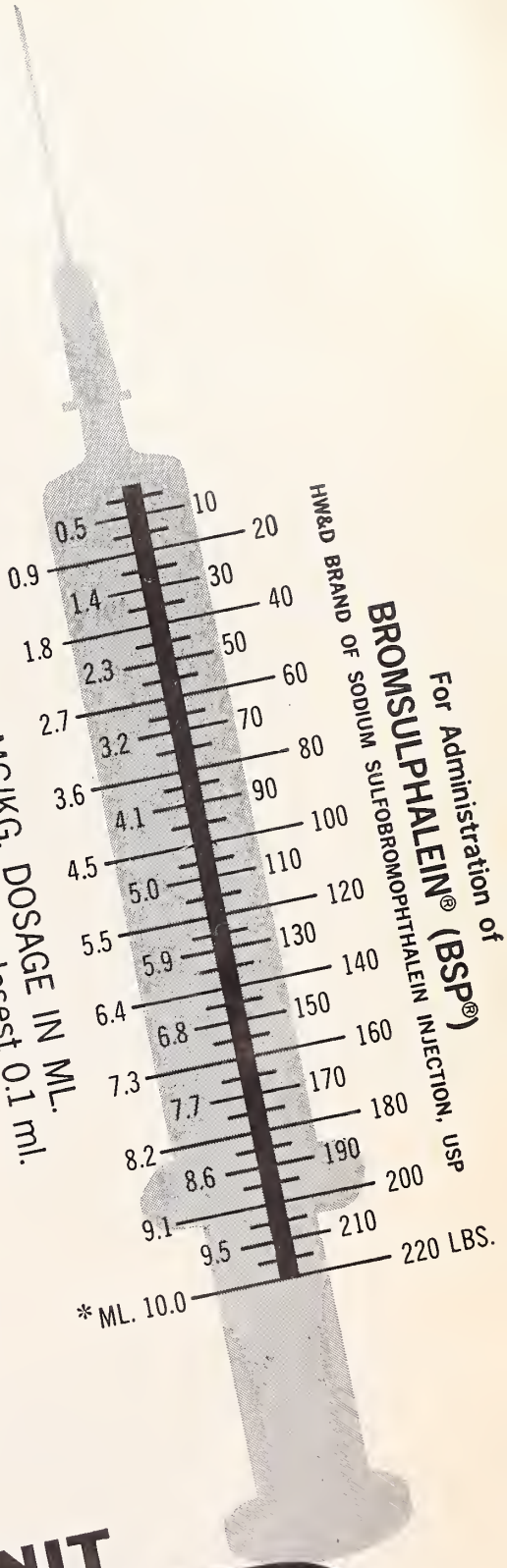
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APRIL 1966

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The Council: Jan. 23, 1966 401

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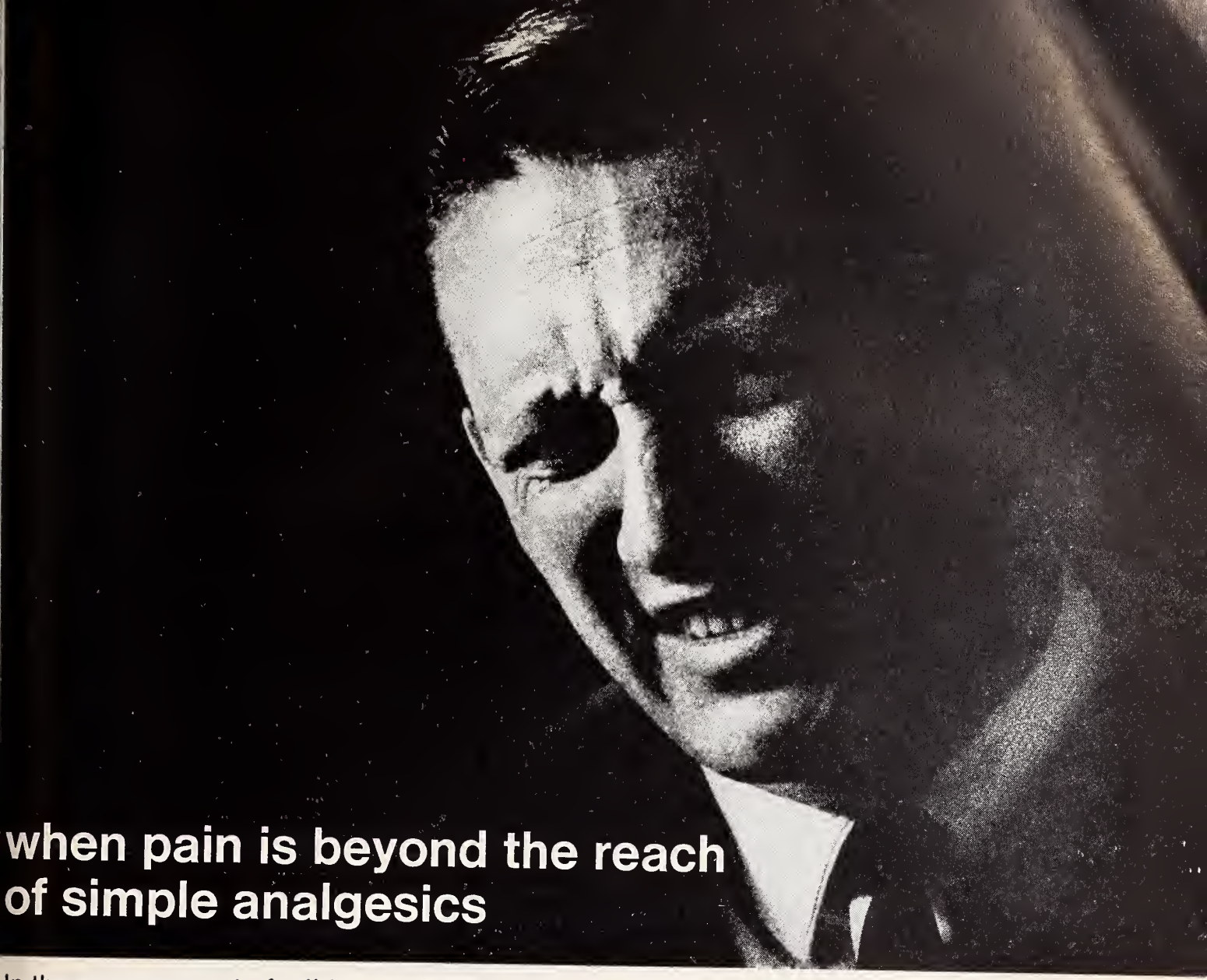
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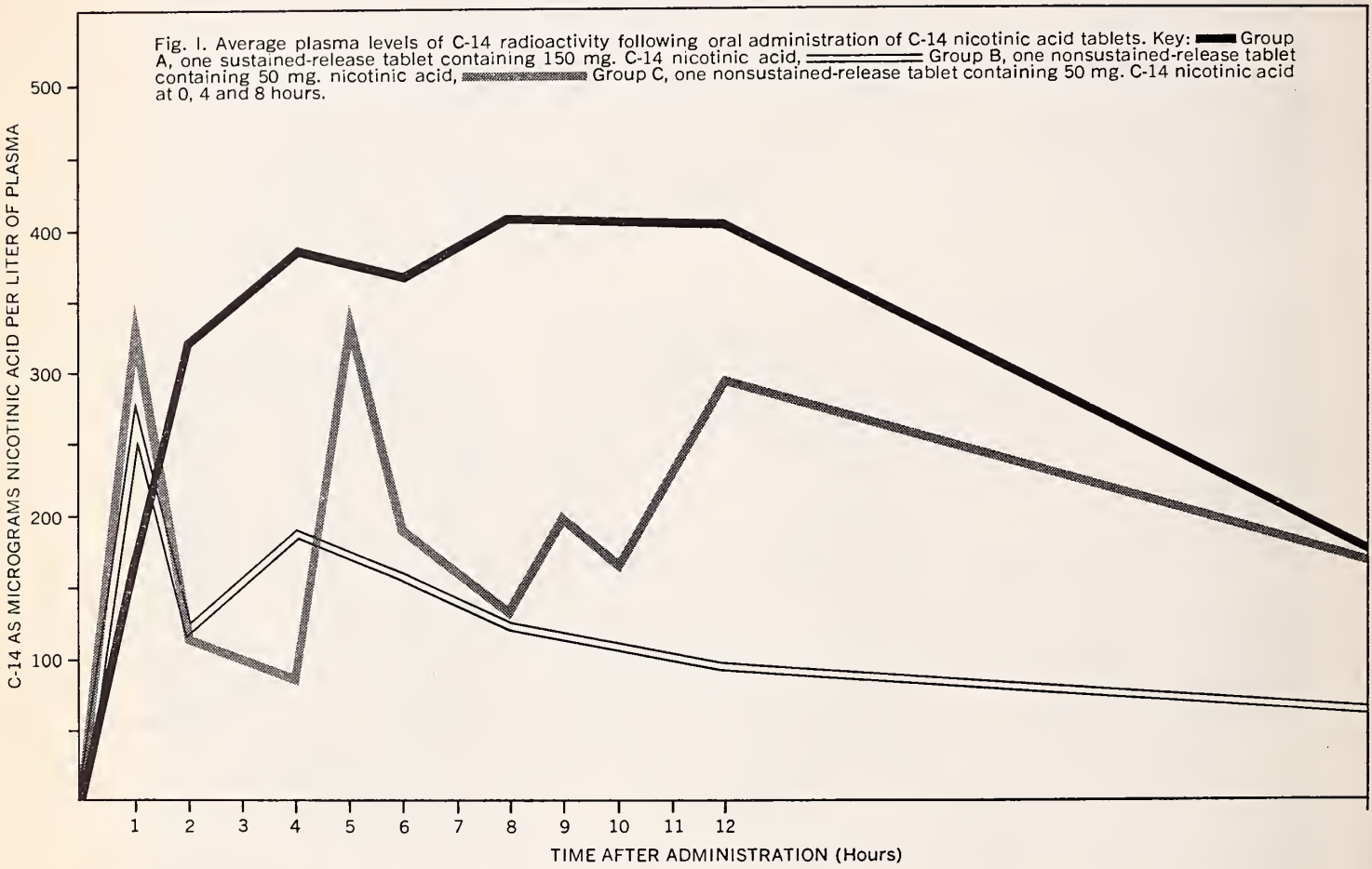
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and cerebral stimulation for th





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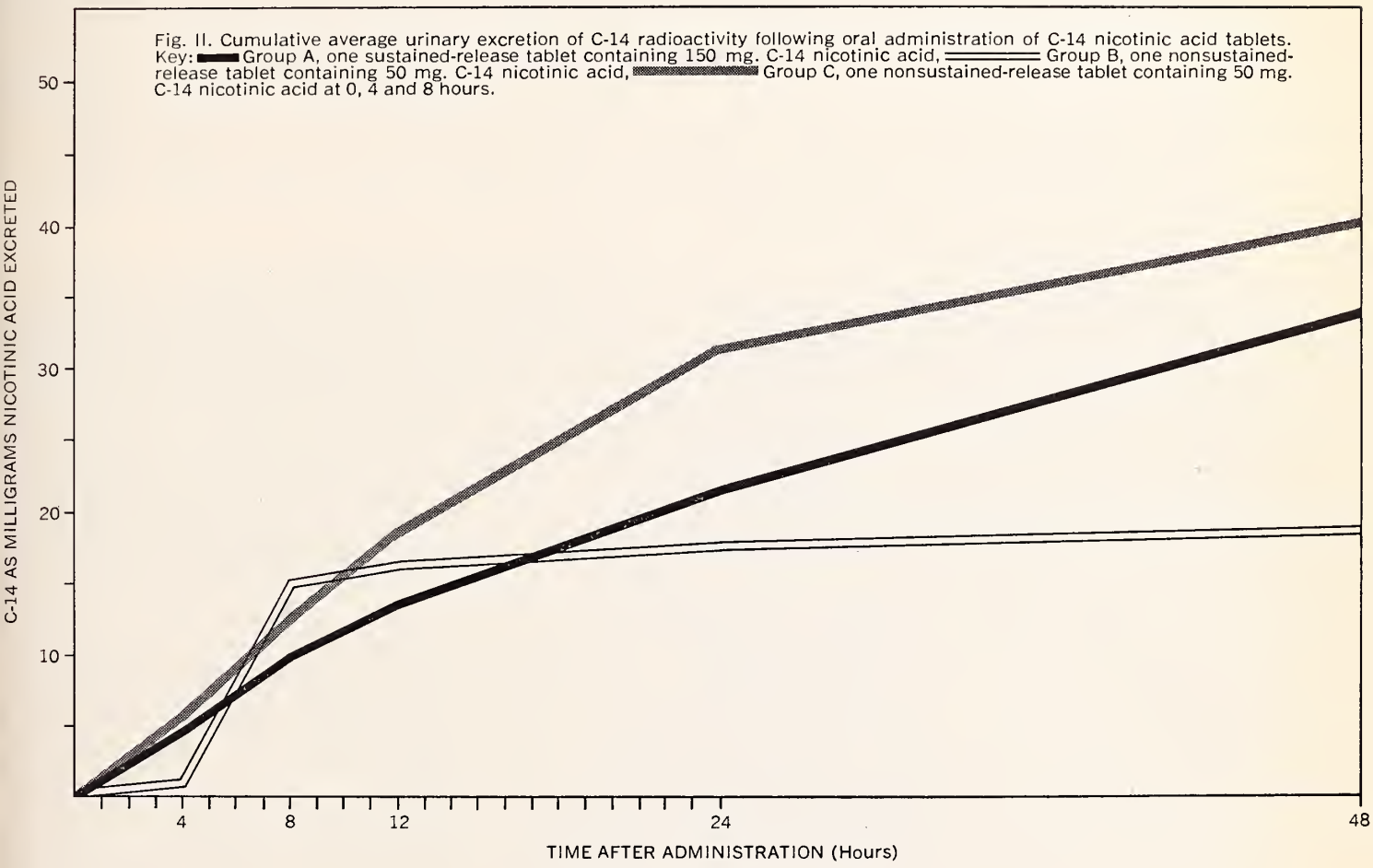
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References: 1. Report by Nuclear Science & Engineering Corp., Pittsburgh, Pa., in files of Philips Roxane Laboratories. 2. Connolly, R.: W. Virginia Med. J. *56*:263 (Aug.) 1960. 3. Curran, T. R., and Phelps, D. K.: Am. Pract. & Digest Treat. *11*:617 (July) 1960.

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3.	Marion Hagan, French Lick	Phillip T. Hodgin, Orleans	French Lick, 1966
4.	Merritt O. Alcorn, Madison	Francis W. Hare, Jr., Madison	Madison, May 3, 1966
5.	Robert M. Fell, Rosedale	J. W. Somerville, Clinton	
6.	William E. Murray, New Castle	Paul M. Inlow, Shelbyville	Shelbyville, April 27, 1966
7.	William C. Stafford, Plainfield	James H. Gosman, Indianapolis	May 4, 1966
8.	Lowell Painter, Winchester	Paul W. Sparks, Winchester	Muncie, June 1, 1966
9.	Harry T. Stout, Frankfort	Earl K. Williams, Frankfort	Fowler, May 19, 1966
10.	Leslie Bombar, Munster	Louis Kudele, Whiting	Gary, May 18, 1966
11.	Donald W. Ferrara, Peru	Max M. Earl, Kokomo	Kokomo, Sept. 21, 1966
12.	Warren L. Niccum, Columbia City	Kenneth F. Isenogle, Fort Wayne	Bluffton, May 18, 1966
13.	James W. Hurley, Elkhart	Cecil R. Burket, Bremen	Elkhart, Sept., 1966

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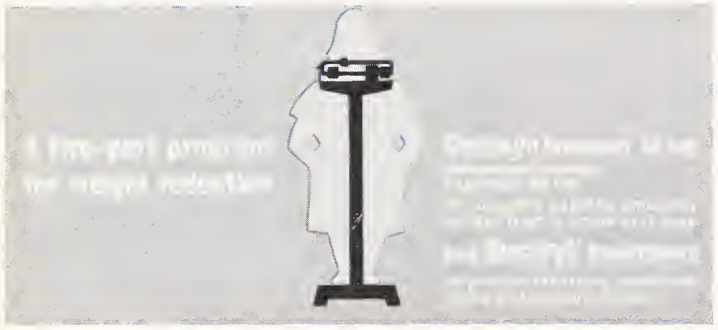
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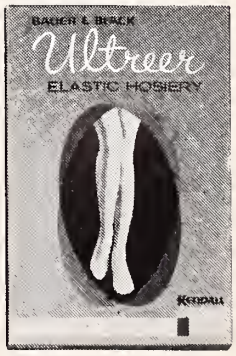
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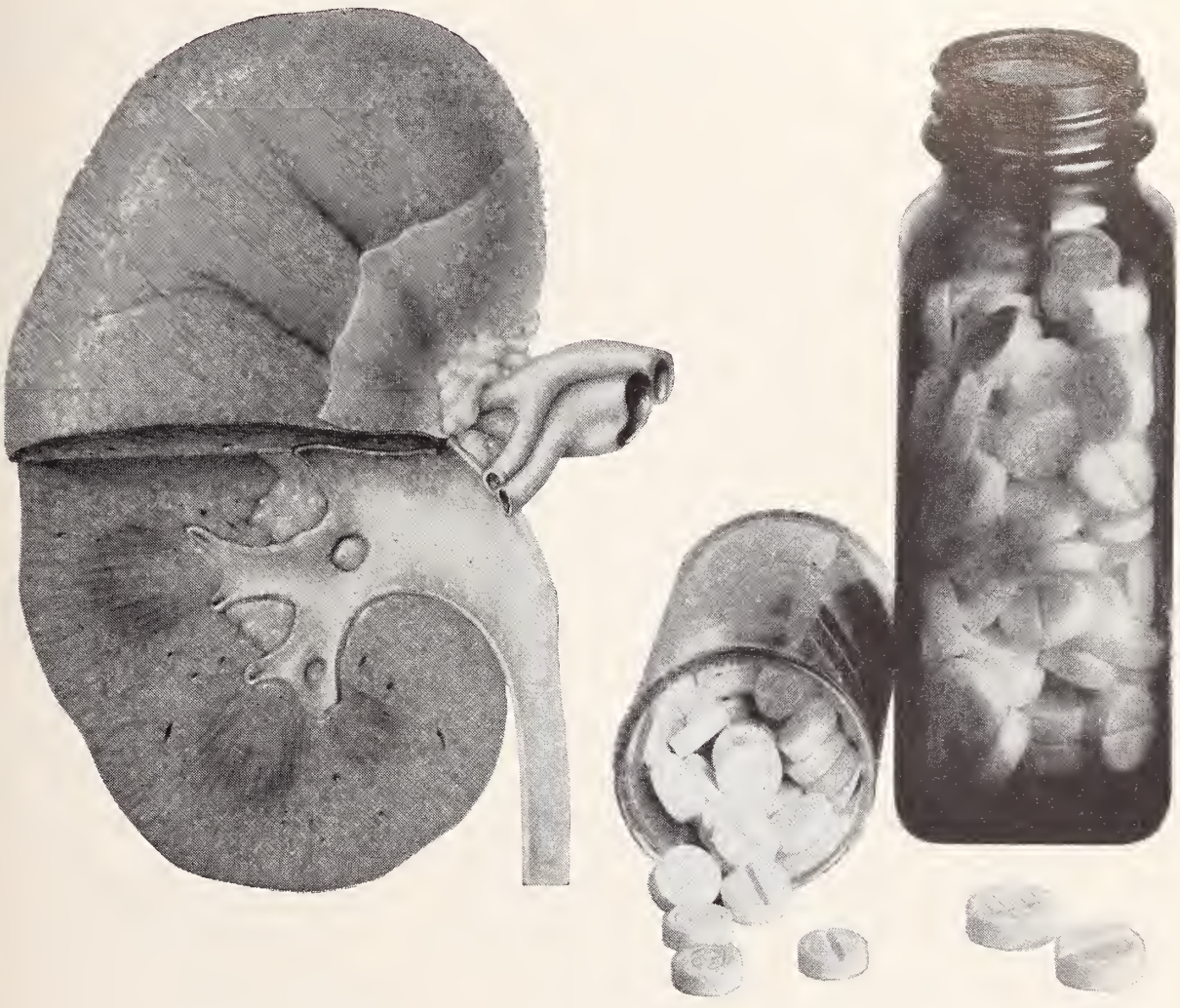


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The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

• Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

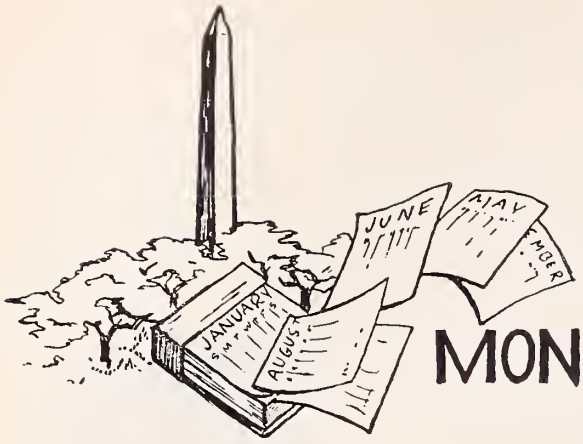
• From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems—understanding which will lead to important new therapeutic agents.

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where today's theory is tomorrow's therapy



This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

MONTH IN WASHINGTON

WASHINGTON, D. C.—The Department of Health, Education and Welfare has issued strict guidelines prohibiting racial segregation in hospitals receiving money from the federal government.

The department said in a policy statement that schools, hospitals and nursing homes must adhere to the guidelines to continue receiving federal funds under the Civil Rights Act of 1964.

Surgeon General William H. Stewart of the Public Health Service said more than 10,000 hospitals receiving federal funds had been sent new rules and compliance reports. He said such hospitals must not separate or discriminate on the basis of race or national origin in the care and treatment of patients.

Hospitals are being asked "whether patients are assigned to all rooms and facilities without regard to race, color, or national origin; whether all persons are allowed to use entrances, admission offices, waiting rooms, dining areas and cafeterias, toilets and lavatories, and other service facilities; whether the hospital accepts and approves applications for staff privileges and training without regard to race, color, or national origin; and other similar questions" according to the HEW statement. "An up-to-date patient census by race must be indicated on the questionnaire, as must a breakdown by race of physicians holding staff privileges.

"If evidence of discriminatory practice is indicated in the returned questionnaire, the specific areas of failure to comply will be pointed out. The hospital will then be given an opportunity to eliminate its discriminatory practices as quickly as possible. Where discrimination persists, the hospital will be excluded from any new federal assistance programs, such as Health Insurance for the Aged (Medicare), which begins on July 1. When negotiations fail to achieve compliance, steps will be taken . . . to terminate present assistance, or compliance will be secured through enforcement by the courts.

The Office of Equal Health Opportunity is administratively located in the Office of the Surgeon General and will be headed by Mr. Robert M. Nash. It will employ a staff with special competencies and responsibilities in review and investigation of complaints, evaluation of complaint and compliance reports, public information activities, fiscal and statistical analysis, compliance negotiations and development of recommendations for corrective action within the law, and will include experts in such areas as law, contracts, professional education and project grants, hospitals and nursing homes, and state and local health agencies.

An Office of Equal Health Opportunity has been set up by the PHS to monitor

Continued

This "case history" runs to some 10,000 pages

This is a typical "case history" of one new drug – or, rather, a proposed new drug – assembled for submission to the U.S. Federal Food and Drug Administration. These volumes are the result of several years' work by thousands of professional and skilled personnel in just one pharmaceutical company's research laboratories, and by hundreds of physicians in medical schools, hospitals, and private practice. They cover every aspect of experience with this proposed new agent from chemical laboratory to clinic, from mouse to man. Each volume could conceivably represent hundreds of thousands of dollars of financial investment, countless hours of human effort. This veritable mountain of data stands behind every new agent offered to you by pharmaceutical manufacturers – a reassuring testimonial to the efficacy, safety and purity of the drugs you will prescribe today to lower the cost of disease to your patients.

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Continued

compliance with the Civil Rights law on behalf of all federal agencies in the health and medical fields.

"The Public Health Service intends to exert every effort to see that discrimination with respect to race, color or national origin is halted in all health and medical institutions and agencies receiving federal assistance," Stewart said.

AMA SUPPORTS RESEARCH ANIMAL PROPOSAL

The American Medical Association supports a legislative proposal for the federal licensing of dealers in research cats and dogs to protect such pets from theft and insure their humane care.

The AMA opposes licensing of research laboratories themselves and sees no need to include other research animals in such a federal program.

In a statement submitted to House Agriculture Committee when it was considering such legislation, the AMA said:

". . . We firmly agree that any improper practices which do exist in the procurement of experimental animals should be corrected

"The AMA supports the purposes of the provisions of the bill which afford protection to owners of cats and dogs from the practice of pet stealing," the AMA statement said. "The Association urges, however, that the provisions with respect to the licensing of research facilities (and the setting of standards), be deleted. We further urge that the bill be restricted to cats and dogs, and not include other vertebrate animals."

The AMA said there is no need for the government to supervise laboratories because "the standards of animal care in research facilities in the United States are generally high" and voluntary efforts "are effectively accomplishing the goal of maintaining good animal care in the laboratory."

As for protecting research mice, rats, guinea pigs, etc., from theft, the AMA pointed out that they rarely are pets and, with few exceptions, are obtained from a few national breeding laboratories which supply genetically pure inbred strains.

VA PLANS TEST OF "HOMETOWN" PROGRAM

The Veterans Administration is planning a three-state test of a simplified method of administering its so-called "hometown" program under which eligible veterans are treated by local physicians on a fee-for-service basis.

Alabama, Indiana and Colorado were selected for pilot programs beginning next July 1. VA officials are hopeful that they will prove so successful in four or five months that the simplified method can be used nationwide.

Under the experimental program, veterans entitled to treatment on a fee basis will receive an identification card stating the conditions for which he may be treated. Veterans then may seek treatment when they need it from doctors of individual choice. Doctors will treat the patient to the extent they believe is needed and bill the VA for "customary and usual" fees.

Physicians will be asked to submit medical reports only when there is a significant change in a veteran's service-connected condition. A schedule of maximum fees will be maintained confidentially, by agreement with the state medical society, and fees in excess of the maximum will be reduced. If

Continued



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the cost of continuous treatment is expected to exceed $30.00 per month, prior authorization from the VA will be required.

PRESIDENT JOHNSON ASKS FOR MORE MONEY

President Johnson is seeking Congressional approval of a $1 billion expansion of federal domestic health programs.

In a domestic health message to Congress, Johnson estimated that such programs, after the expansion, would cost the federal government $4.67 billion in the 1967 fiscal year beginning next July 1. In addition, Medicare expenditures of Social Security tax funds are estimated at more than $3 billion for the year.

Johnson announced plans for:

-reorganization of health functions of the Department of Health, Education and Welfare.

-federal grants "to enable states and communities to plan the better use of manpower, facilities and financial resources for comprehensive health services."

-programs to strengthen the nation's system of health care.

-a three-year program of federal aid in training of more health workers.

-an increase in medical research.

-additional steps to meet specific health problems such as alcoholism, birth control, mental retardation and nutrition.

Johnson also said that in fiscal 1968 he wants to start "new state formula grants for comprehensive health services" and additional grants to states, communities and hospitals to meet special health problems.

"To strengthen the nation's system of health care, the President proposed federal aid in modernization of obsolete hospitals, aid to group practice clinics, and research and demonstration projects in the organization, financing, utilization and delivery of health services."

But the program to provide government financing for group practice medical and dental centers ran into trouble in its first congressional test this year.

Wilbur J. Cohen, Assistant HEW Secretary, acknowledged under sharp questioning before a House Housing Subcommittee that no figures are available -since 1959-on how many group practice clinics have been financed through regular bank loans. Cohen testified that in 1946 there were 400 clinics for group practice and "nearly 2,000" now based on a projection of a 1959 figure study.

Johnson announced that HEW Secretary John W. Gardner had been directed to:

"-appoint an Advisory Committee on Alcoholism;

"-establish in the Public Health Service a center for research on the cause, prevention, control and treatment of alcoholism;

"-develop an education program in order to foster public understanding based on scientific fact;

"-work with public and private agencies on the state and local level and include this disease in comprehensive health programs."

The President said administration plans call for "a sizable increase" in expenditures for birth control research, training and services by the National Institute of Child Health and Human Development, HEW's Children Bureau and the Office of Economic Opportunity (poverty program). ◄



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is different, *truly* a one shot measles vaccine

Lirugen, unlike any other measles vaccine, is derived from the further-attenuated Schwarz Strain of measles virus. This further attenuation reduces the reaction rate so effectively that the need for the simultaneous use of gamma globulin or prior injections of inactivated vaccines is eliminated. It is truly one shot.

Lirugen is comparable to other live vaccines in effectiveness and duration of protection given:

Clinical trials have established an efficacy of 97% to 100% in measles susceptible children. [1-6]

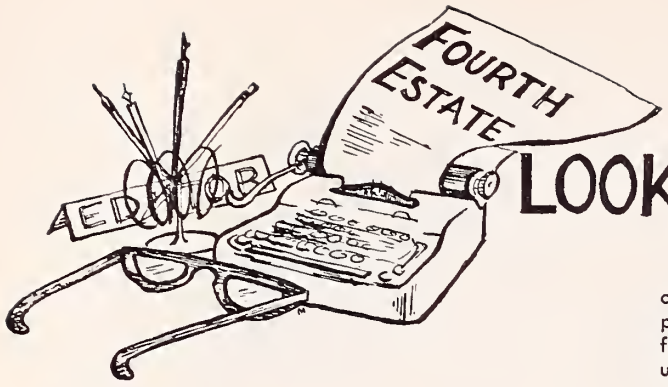
Recently published evidence provides strong support that one injection of Lirugen should provide lifelong immunity.

Contraindications: Pregnancy; leukemia, lymphoma and other generalized malignancies; brain damage in children under one year of age; febrile illness; allergy to egg proteins, neomycin or streptomycin. Precautions: Use cautiously in patients with a history of tuberculosis and patients being treated with steroids, irradiation, alkylating agents, and antimetabolites. Consult package literature before administering Lirugen.

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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentotion of opinions which oppear on the editoriol pages of the public press, ond which are of interest to the medicol profession. Its function is to review comments which moy be fovoroble or unfovoroble to medicine. Members ore invited to submit editorial clippings for this column.

It's Medicare Or Nothing

Some persons over 65 have been wondering if they could carry private insurance coverage after July 1, instead of accepting the benefits of the Federal Medicare program. Apparently the answer is "No."

There may be exceptions. Some companies have written lifetime noncancellable policies, and if persons over 65 choose to hang onto these, there may be nothing the companies can do about it. All information we have received, however, indicates that no new policies which would duplicate the coverage of Medicare will be written by private companies.

In this as in other cases, insurance carriers want to avoid duplicating payments from two sources on the same claim. They don't want it to be possible for policyholders to make money by being sick. That's one reason private companies will not, if they can avoid it, carry on any policies which would pay for the same things Medicare will pay for.

For another reason, companies anticipate that very few persons will want to pay for private coverage instead of taking the Medicare benefits at no cost to themselves for hospital coverage and at much lower premiums for medical coverage. Profits are small and risks are high on insurance policies which few buy. Some companies are just getting out of over-65 coverage, which they entered in the first place only out of a sense of obligation.

Most companies are revising their policies for persons over 65 to make them supplemental to Medicare. They will pay only for things not covered by Medicare. This can be done, of course, at substantially lower premiums than those now charged for over-65 coverage.

These revisions of over-65 coverage are expected to result initially in some overall reduction in operating costs of private companies. This is because benefit payments to over-65 policyholders are generally higher than to younger persons. It is also expected, however, that part or all of this saving may be wiped out by increases in hospital and medical costs as Medicare increases the service load.

The advice of private companies, unanimously as far as we know, is that all persons over 65 sign up for the voluntary program of medical insurance offered under Medicare at $3 a month. There is nothing automatic about this program. The individual must apply to the Social Security Administration office for it. In the case of persons now 65 or older, or who will be 65 by that date, this must be done by March 31.

After that date, as individuals reach their 65th birthday they should inquire immediately about Medicare insurance.

That seems to be the size of it. As expected, the advent of Medicare is knocking private companies out of the field Medicare covers. Big Brother has taken over—*The Indianapolis Star*, Feb. 19, 1966.

Peanuts To The FDA

The great peanut butter controversy ought to make uproariously funny reading for future scholars. Right now it's just ridiculous.

In all seriousness the Food and Drug Administration is plodding ahead with hearings on a proposed regulation to require

that peanut butter contain 90% peanuts. It would forbid artificial flavor, color or sweetener in the other 10%.

Somehow the FDA got itself all worked up over the discovery that some manufacturers, in the competition to produce smoother, more easily spread and tastier peanut butter, were adding as much as 10 to 20% of vegetable oils. It embarked on a prolonged investigation, and now is engaged in gathering expert and inexpert testimony on the relative merits of pure peanuts and mixtures.

Manufacturers are fighting the proposed regulation, and they are right. Their position is that they should have a right to make peanut butter the way the buying public likes it, as long as no harmful ingredients are used and the labels are accurate. And why shouldn't they?

The FDA seems to be working on the premise that the nutritional content of peanut butter must be safeguarded. If flavor and texture suffer that's just too bad. In dealing with basically nutritive foods that's fine. It makes sense that hamburger, for example, should contain some minimum percentage of meat, because its function is to supply meat protein in the diet.

Peanut butter, on the other hand, is used not solely for nourishment but for taste. It's carried home by mothers of growing children not for its food value, but for getting bread into the stomachs of their small fry. The FDA should get back to earth and consider peanut butter for what it is.

Silly as the controversy is, there's a very important principle at issue. It's the question of whether Federal regulation of food processing is to be directed at safety and accurate labeling, or is to extend to requirements that all foods conform to someone's arbitrary standards as to what foods should be like.

In the peanut butter controversy the FDA is attempting to set itself up as a judge of what people ought to eat. This is beyond its competence and its responsibilities.

If people want to eat peanut butter that's only half peanuts, what business is that of the Federal government? Let's have whatever kind of peanut butter the public wants, and let the FDA stick to requiring that it be safe and be what the label says it is—*The Indianapolis Star*, Feb. 9, 1966.

Good Medicine

Dr. Gordon R. Franke of Fort Wayne deserves a medal for vowing to make the office of county coroner an election issue this year. He figures that's the best way to reach his goal: removing the office from politics.

It will take some strong medicine to get it done, for leaders of both parties in Indiana cherish the office and they won't give it up willingly.

Franke is in a good position to understand the logic of his argument that qualified medical examiners should replace what he terms an outmoded office. He's coroner of Allen County.

He plans to seek legislative support for a constitutional amendment that would accomplish the change, although he knows that political powers would rather fight than switch.

According to Franke, it is possible for a death due to poisoning to go undetected if the victim is examined by an unqualified coroner or deputy. "All you need is a little ingenuity to get away with murder by poisoning," he says.

This newspaper has often said that the office of coroner does not belong on the ballot, just as it has recommmended taking judgeships out of politics. The main response has been silence.

Lake County is fortunate in having a competent coroner. Dr. Alexander Williams is living up to his pledge to run the office as much on a medical examiner basis as possible.

The problem is that there is no assurance the next coroner, or the next, will do that. —*The Gary Post-Tribune*, Jan. 28, 1966.

The Two Percent Tax

If a national sales tax of two percent had been imposed last year, protests would have been heard from Maine to California.

That thought is borrowed from Represen-

tative Richard L. Roudebush of Noblesville. He went on to point out that the inflation which occurred during the past year had exactly the same effect as a two percent sales tax on the purchasing power of your dollars. The cost of living index rose by two percentage points in 1965.

Where are the protests? They are almost entirely missing. Rise in living cost, of course, is gradual and piecemeal—a bit here, a bit there. It's not open and clearly seen, like the abrupt imposition of a new tax.

Yet it is a tax. The chief source of inflationary pressure is the persistent deficit spending by the government, year after year.

The effect keeps building up. It now takes $11 to buy the goods and services a $10 bill would buy eight years ago.

How long will the American public stand for this sinister, concealed taxation?—*The Indianapolis Star*, Feb. 7, 1966. ◄

About Our Cover

Every physician's office is a cancer detection center.

This one sentence, more than any other, pinpoints the physician as a "man of influence."

Yet his influence can extend even further.

Many physicians are helping the American Cancer Society in one of the greatest battles of our time—to save lives by warning the public about the danger of cigarette smoking and influencing them to have a check-up once each year.

One in four of your patients will develop cancer at some time in their lives, according to the latest figures. Thousands of Americans are cured of cancer each year and more and more of them are getting to their doctors in time.

But the tragic fact is that every fourth cancer death is a needless death. So many people just don't get proper treatment in time . . . when their cancer is in an early and more curable stage.

A physician has always been a "man of influence" in a community. His is a time-honored profession which carries with it the honor, dignity and awesome responsibility of possessing a pair of "healing hands."

Many pamphlets on the facts of cancer and its seven danger signals are available to physicians from the American Cancer Society. If only one patient reads a pamphlet and reports a danger signal, it is well worth the effort to have them in your office.

Our thanks to the American Cancer Society for making this month's cover available to us.—J.F.S.



the sedentary life is often the seat of low back pain

The human spine is not engineered for prolonged sitting at desks, pianos, typewriters and drafting boards. The stresses set up by the heavy, forward-tilted head and trunk, balanced precariously on an insufficient base, result in strain of the dorsal musculature, particularly at the low lumbar level.

The unusual muscle-relaxant and analgesic properties of 'Soma' make it especially useful in the treatment of low back sprains and strains. 'Soma' is widely prescribed ☐ **to relieve pain** ☐ **to relax muscles** ☐ **to restore mobility.**

Indications: 'Soma' is useful for management of muscle spasm, pain, and stiffness in a variety of inflammatory, traumatic, and degenerative musculoskeletal conditions. It also may act to normalize motor activity in certain neurologic disturbances.

Contraindications: Allergic or idiosyncratic reactions to carisoprodol.

Precautions: 'Soma', like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g., meprobamate.

Side Effects: The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms.

One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reactions, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

Dosage: Usual adult dose is one 350 mg. tablet three times daily and at bedtime.

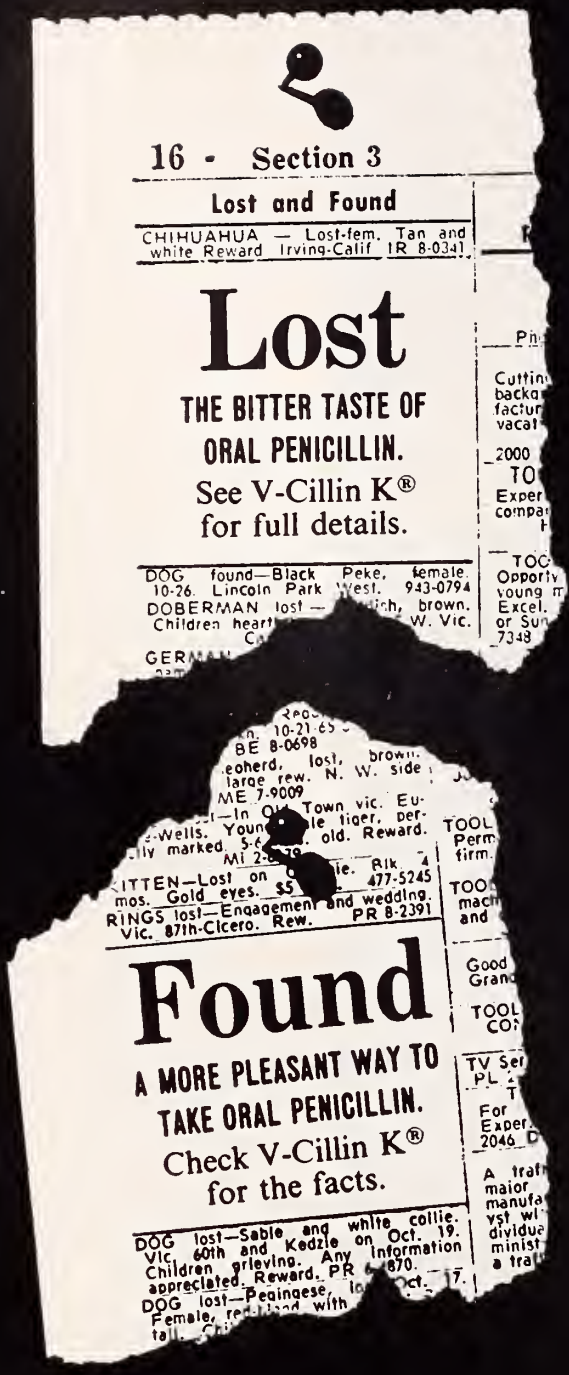
Supplied: Two Strengths: 350 mg. white tablets and 250 mg. orange, two-piece capsules.

Before prescribing, consult package circular.

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Result? The proved efficacy of potassium penicillin V without the penalty of bitter taste.

Indications: V-Cillin K is an antibiotic useful in the treatment of streptococcus, pneumococcus, and gonococcus infections and infections caused by sensitive strains of staphylococci.

Contraindications and Precautions: Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 59 — April 1966 — Number 4

A non-metastatic, typical renal glomerular change associated with either 1° or 2° carcinoma of the liver.

"Columnar Metaplasia" of Renal Glomerular Capsular Epithelium

JAIME L. RIOS-DALENZ, M.D.
*Philadelphia, Pa.**

THE CHANGE of the renal glomeruli known under the term of "adenomatoid or columnar metaplasia" of the parietal layer of Bowman's capsule is an unusual finding. Until now, six cases with a concurrent malignant neoplasm have been reported in the literature and in all but one, an extensive involvement of the liver was described either by primary tumor or by metastases. The purpose of this article is to report another case and give a brief review of the literature.

Case Report

A 47-year-old woman was admitted to the hospital with a complaint of upper abdominal pain that radiated to the back. The pain was first noted five months before admission and progressed in intensity and frequency. In addition, she had lost 25 pounds. Her past history was unremarkable.

The admission physical examination revealed an acutely ill patient with a temperature of 100° F.; pulse rate of 120 per minute; respiratory rate of 24 per minute and blood pressure of 170/80 mm. Hg. The abdomen was distended and diffusely tender. Subcutaneous hemorrhages were noted around the umbilicus. A large hard mass was palpated on the right side of the abdomen, extending from the costal margin to the iliac crest and across the midline.

The laboratory studies showed a hemoglobin of 6.6 gm.%; hematocrit value of 20%; leukocyte count of 19,960 per cu.mm. with 79% neutrophils; 12% lymphocytes, 8% eosinophils; and 1% basophils. A platelet count was 160,000 per cu.mm. The urinalysis revealed a specific gravity of 1.016; pH. 5.5; protein 1+; hemoglobin, trace; and occasional granular casts. The fasting blood glucose was 204 mg.%.

An exploratory laparatomy was performed the day after admission and a massive hemoperitoneum was found. There were numerous fibrinous adhesions between the omentum and a large necrotic mass involving the right lobe of the liver. Rupture of this mass was the source of the intraperitoneal hemorrhage. Absorbable hemostatic cellulose packs (Surgicel) were placed in the hemorrhagic area and the

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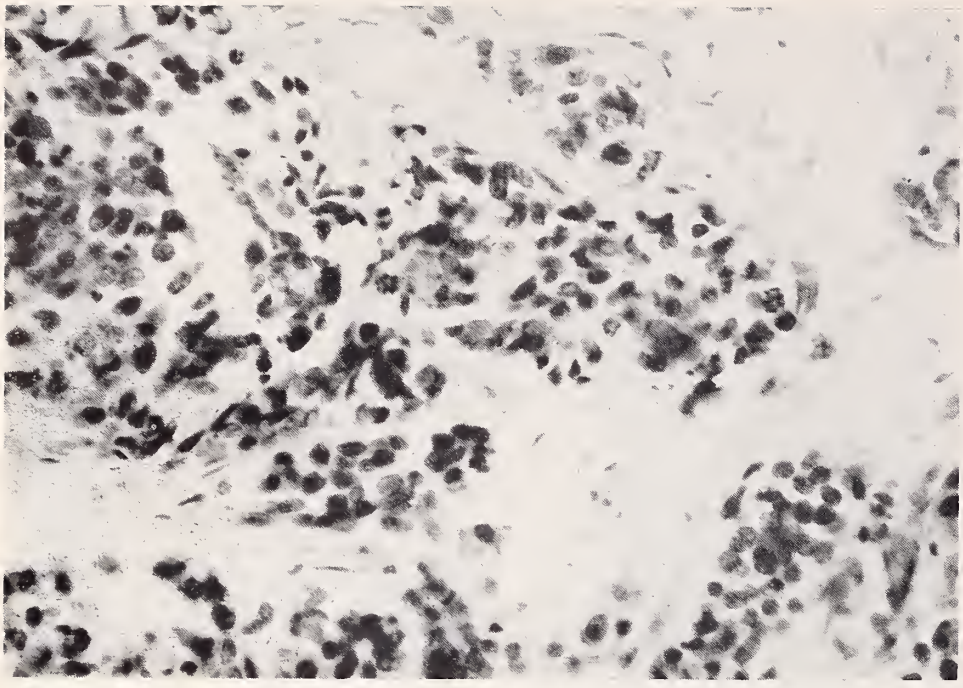


FIGURE 1
POORLY differentiated adenocarcinoma of the gallbladder with extensive areas of necrosis. (Hematoxylin and eosin, X 300.)

peritoneal cavity closed. In spite of numerous blood transfusions and other supportive measures, the patient expired 12 hours after surgery.

Necropsy Findings

Postmortem examination was performed approximately nine hours after death. On opening the abdominal cavity, partially clotted blood was found in the peritoneal spaces. The liver weighed 4,500 grams and contained a large ruptured necrotic mass and multiple metastatic nodules scattered in the remaining parenchyma. There was a papillary, white-gray, firm tumor involving the fundus of the gallbladder. It measured about 5.0 cm. in diameter and was continuous with the necrotic mass in the right lobe of the liver. The cavity of the gallbladder was distended with mucoid clear fluid and numerous faceted, light brown calculi. The common bile duct was slightly dilated.

Each kidney weighed 140 grams. The renal capsules stripped readily and both exterior and cut surfaces were grossly normal, bilaterally. The gastrointestinal and genitourinary tracts were within normal limits. The heart weighed 450 grams; there was moderate hypertrophy of the left ventricle. The lower lobe of each lung was congested and the major bronchi were partially filled with foamy pink exudate.

Microscopically, sections of tumor from the gallbladder and the hepatic metastases revealed a neoplasm composed of closely-packed, epithelial-like cells, with scant cytoplasm and round hyperchromatic nuclei, arranged in islands or lobules (Figure 1) with extensive areas of central necrosis and hemorrhage. A Wilder reticulum stain showed an epithelial arrangement of the neoplastic cells, and a mucicarmine stain was negative for intracellular or extracellular mucin. The tumor was interpreted as a poorly differentiated non-mucinous adenocarcinoma of the gallbladder with direct extension and metastases to the liver.

Section from each kidney revealed about 40 to 50% of the glomeruli (Figure 2) with a replacement of a portion of the epithelium of Bowman's capsule by a layer of tall columnar cells, in some areas two or three cells in thickness (Figure 3). These cells were regular with ovoid, basally-placed nuclei and a normal chromatin pattern; no mitotic figures were found. The visceral lining of the capsule was normal and there were no neoplastic cells in the glomerular tufts. The remaining renal parenchyma was normal.

Discussion

In 1946, Eisen[3] reported for the first time a case of "an adenomatoid transformation" of the glomerular capsular epithelium. The patient was a 45-year-old Italo-American woman with jaundice and ascites. An au-

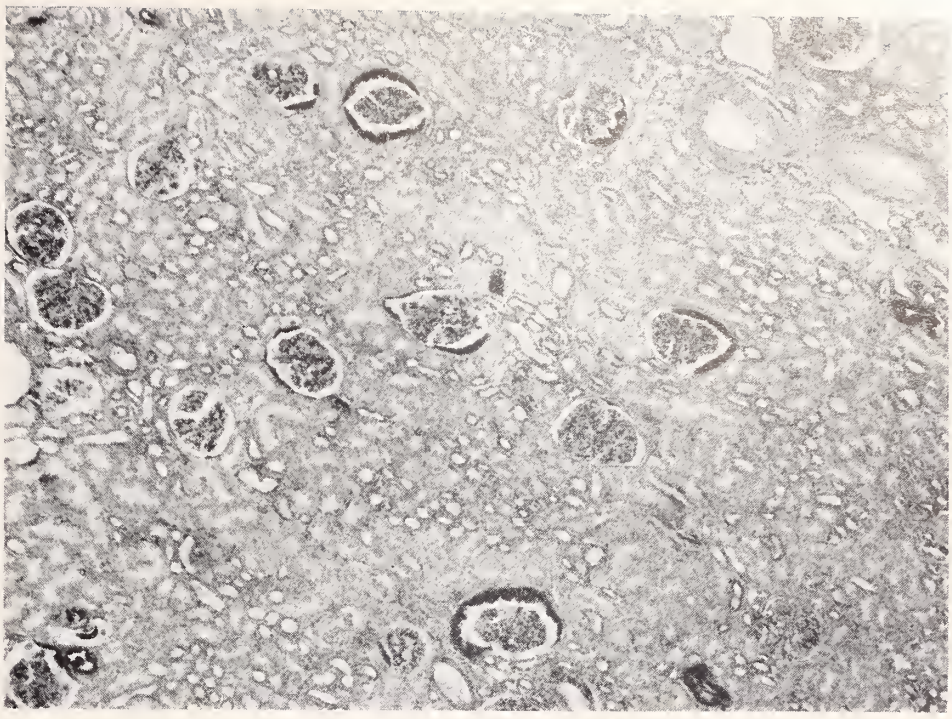


FIGURE 2
METAPLASIC changes of the parietal layer of the Bowman's capsule epithelium of several glomeruli. (Hematoxylin and eosin, X 30.)

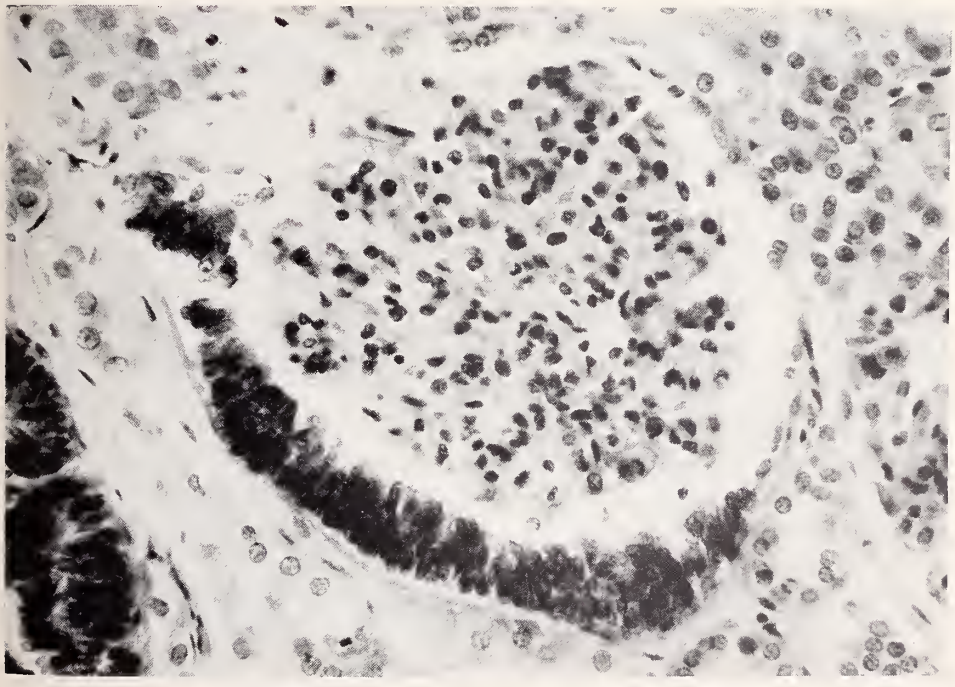


FIGURE 3
HIGH magnification of a glomerulus. Notice the columnar metaplasia, in some areas 2 or 3 cells in thickness. (Hematoxylin and eosin, X 300.)

topsy disclosed cholelithiasis and a poorly differentiated non-mucinous adenocarcinoma of the gallbladder with extension to the common duct and the liver and metastases to the regional lymph nodes, liver and lungs. He interpreted the renal glomerular changes as a diffuse neoplastic process, probably primary in the kidney and somewhat similar to the pulmonary adenomatosis of men and sheep. He considered this renal lesion primary rather than metastatic because the glomerular changes were cytologically different from the biliary tract tumor, and because there was absence of tumor cells in the glomerular capillaries.

Chappell and Phillips[1], in 1950, reported a retroperitoneal neoplasm in a 16-year-old male. The tumor was interpreted as carcinoma of the adrenal gland with metastases to the liver and the right subpleural soft tissues. In addition, they described in the kidneys "adenomatoid changes of the renal glomerular epithelium" interpreted as metaplasia indirectly produced by the neoplasm of the adrenal gland.

A possible relationship between a he-

patic lesion and morphologic alterations in the kidneys was discussed by R. L. Nachman[8] in 1962. He reported a case of a hepatoma in a six-month-old female infant with "columnar metaplasia" of the capsule of Bowman in 75% of the glomeruli of each kidney. Subsequently, he reviewed 11 hepatomas in children and found no similar metaplasia of the glomerular capsule. Nachman concluded that the columnar capsular change was not metastatic because: (1) no actual neoplastic masses were found in the kidneys; (2) no tumor cells were identified in the glomerular tufts, as might be expected in blood-borne neoplastic emboli; (3) histologically the cells did not resemble the primary neoplasm; and (4) there was no invasion of the adjacent renal parenchyma.

In Japan, Sugimoto et al.[10] reported a case of a 34-year-old man with portal hypertension, jaundice, fever and, later, hyperazotemia. The patient died of massive hematemesis after one month of hospitalization. A necropsy disclosed a multinodular hepatoma with thrombosis of the portal vein and metastases to both lungs, adrenals, omentum and peritoneum. Microscopic examination of the kidneys showed columnar transformation of the flattened epithelium of the parietal portion of Bowman's capsule of almost all the glomeruli. Kanisawa and Isono[6] observed the same renal capsular change in a 66-year-old man with carcinoma of the esophagus and metastases to the liver; they considered that the abnormality of Bowman's capsule was due to chronic intoxication by narcotics.

Finally, MacPherson in 1963, reported a case of a 74-year-old woman with a history of radical mastectomy for carcinoma of the breast who died of carcinomatosis involving practically every organ except the kidneys and liver.[7] Microscopically, each kidney revealed about 70% of the glomeruli with "columnar metaplasia" of Bowman's capsule and some of the adjacent proximal convoluted tubules. In this case there was no associated hepatic primary or secondary neoplasm as in the previous cases reported in the literature.

Although the pathogenesis of the glomerular change remains unknown, it is possible that a hormonal or metabolic derangement associated with advanced neoplastic disease, with or without involvement of the liver by tumor, may be responsible for columnar metaplasia of the parietal layer of Bowman's capsule. This hypothesis is more attractive if one considers that in recent years many neoplasms have been shown to produce distant effects and subtle changes in the metabolism of the host.[5] Furthermore, experimental studies in animals by Selye[9] and Crabtree[2] have induced histological changes closely resembling the columnar glomerular metaplasia, after treating male mice with testosterone.

However, this change may also be present in non-neoplastic conditions in which there are metabolic or systemic manifestations as demonstrated by Finck and Joske[4] in 1954. They reported four young diabetic patients and a 25-year-old woman with a collagen disease without evidence of neoplasm. All were studied with renal biopsy. In each case, some glomeruli showed a capsular epithelium partly composed of the usual flat cells and partly of tall columnar or cuboidal cells. When the plane of the section showed the neck of a proximal convoluted tubule or the hilum of the glomerulus, the columnar epithelium was either close to the origin of the proximal convoluted tubule or actually continuous with its epithelium.

None of the diabetic patients had nephropathy as evidenced by clinical or laboratory data. In the patient with collagen disease, renal function tests, intravenous pyelograms and repeated urinary sediment examinations were normal. The authors concluded that this is a reversible functional phenomenon, more likely to be seen in biopsy material.

Summary

A case of columnar metaplasia of the parietal layer of Bowman's capsule of the renal glomeruli is described associated with an adenocarcinoma of the gallbladder with direct extension and metastases to the liver. In addition, six cases of similar metaplastic changes associated with neoplastic disease, previously described in the literature, are briefly reviewed. Although the pathogenesis remains unknown, it is suggested that this condition may be also secondary to a non-neoplastic metabolic or systemic disease.

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From *The Journal* 50 Years Ago

. . . The question whether it is advisable to eliminate suffering completely in childbirth, or whether a woman may be expected to submit to a certain amount of pain is still discussed freely in the scientific as well as in the secular press. About a year ago, we read the pronunciamento of our best known men in obstetrical practice condemning and disqualifying the use of the remedy producing the so-called "twilight sleep" on the ground that when once introduced into the body of the patient it would expose both mother and child to considerable risk, and would be hard to combat on account of the character of the mode of administration.

On the other hand, a large body of New England women formed a society whose purpose it was to approach expectant mothers and to induce them not to trust themselves to the care of any physician unless he promised that he would safeguard her against the pangs of childbirth by the use of the famous Freiburg treatment. The public at large was led to believe that so far American physicians had been incredibly obtuse to the sufferings of women in childbirth, and that there were no means too drastic by which it could be brought home to them that they had to change their methods or lose part of their clientele.—Louis Burkhardt, M.D., "Painless Childbirth," *JISMA*, April, 1916.

A patient with hypoglycemia is cured by surgical removal of the pancreatic tumor. The diagnosis of hyperinsulinism is discussed.

Islet-Cell Adenomas of the Pancreas Producing Hyperinsulinism

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A 43-year-old white male was admitted to the Clinic Hospital, Bluffton, on June 21, 1964, with convulsions and stupor which had been occurring intermittently since 1960.

Past history indicated that he had been seen in another hospital July 20, 1960 in a stuporous state. Blood sugar at that time was 43 mg%. Family history revealed no definite endocrine adenomas or peptic ulcers. On July 22, 1960 while in a fasting state, he had a convulsion; blood sugar drawn at that time was 15 mg%.

The physical examination at this admission was normal. The postprandial blood sugar was 56 mg% (normal 60 to 100 mg%). Two days after admission, he had a grand mal seizure before breakfast; blood drawn at that time contained 40 mg% glucose. The convulsion was immediately terminated by the intravenous injection of glucose. The following morning the fasting blood sugar was 22 mg% although the patient was asymptomatic.

An intravenous glucose tolerance curve carried out to eight hours failed to reveal reactive hypoglycemia. It was felt that Whipple's triad (an attack in the fasting state, a low blood sugar, and immediate relief of the attack by administration of glucose) had been fulfilled and that he had an islet-cell adenoma.

Abdominal exploration on July 2, 1964 revealed a round, indurated mass measuring approximately 1.5 centimeters in diameter in the tail of the pancreas. The tail of the pancreas, including the tumor and spleen, were resected. No other nodules were discovered in the remaining portion of the pancreas, in the mesenteries, omenta or upper gastrointestinal tract. Sections of this tumor nodule revealed that it was composed of well-differentiated islet cells, which were quite similar to normal pancreatic islet cells. The wound drained for several days postoperatively, probably because of temporary pancreatic fistula.

The patient currently is well, having had no more episodes of convulsion or hypoglycemia.

Moss and Rhoades recorded a total of 766 cases of proved islet-cell tumors in the world literature prior to January, 1958. It has been said that there is an incidence of one islet-cell adenoma per thousand autopsies and clinical hyperinsulinism occurs in only 20% of these cases.[1] The varying incidence of islet-cell tumors at different institutions is depicted in Table 1.

INCIDENCE OF ISLET-CELL TUMORS

SOURCE	NO. OF CASES
Cook County Hospital	0 (in 14,000 necropsies)
Papenheimer	1 (in 800 necropsies)
Mayo Clinic	1 (in 234 necropsies)
Pease	1 (in 63 necropsies)
Los Angeles County General Hospital (25-year-period)	27*

* Seventeen functioning, ten non-functioning

(Rogers, Frank A.: Islet-cell Tumors of the Pancreas and Hyperinsulinism, Amer. J. of Surg., Jan.-June, 1960).

TABLE 1

Diagnosis

A presumptive diagnosis of an islet-cell adenoma can be made when Whipple's triad is demonstrated. The diagnosis may be further verified by additional procedures:

1. A fast of 72 hours will usually produce hypoglycemia in a patient with an islet-cell adenoma that is functioning; one can usually shorten the period of fast and produce the hypoglycemia in a shorter period of time by adding exercise.

2. The tolbutamide test which involves injecting intravenously one gram of tolbutamide in 10 ml. of water over a two minute period. An insulinoma is suspected if the blood glucose remains below 50 mg%, 90 to 180 minutes after the injection. In functional hypoglycemia, diabetic-reactive hypoglycemia and adrenal insufficiency, the blood glucose level is not depressed for this long a period after injection of tolbutamide.

3. Leucine, 150 mgs. intravenously may also precipitate hypoglycemia in certain susceptible children and in some persons with insulin-secreting tumors. The leucine-induced hypoglycemia in children is usually familial.

4. A prolonged glucose tolerance test will frequently precipitate hypoglycemia of the reactive type.

5. Administration of 1 mg. glucagon intramuscularly normally elevates the blood sugar 50 to 100 mg% in 30 to 45 minutes and the blood sugar returns to normal by 120 minutes. After glucagon was given to four patients with hyperinsulinism proven to be secondary to islet-cell adenoma, the blood sugar reached the peak by 30 minutes and had fallen below the lower limits of normal in 90 minutes.[2]

6. Plasma insulin levels rise consistently after the intravenous injection of tolbutamide and leucine, the plasma insulin rise is abolished by the removal of the islet-cell tumor. Significant spontaneous fluctuations in fasting plasma insulin levels are known to occur over short periods in patients with hyperinsulinism secondary to islet-cell adenoma[3] and not in normal fasting subjects.

7. Liver function studies should be instituted if hepatic hypoglycemia secondary to alcohol ingestion or other liver disease is suspected.

Treatment

The surgical excision of an islet-cell adenoma is curative in the majority of patients. Reportedly, islet-cell adenomas are multiple in 12%. After removal of all the islet-cell tumors, the blood sugar rises. These adenomas are malignant histologically in 20%, but follow-up study reveals many of these to follow a benign course.[4] Extra-pancreatic tumors (retroperitoneal sarcomas and others) producing hypoglycemia at times cannot be differentiated from islet-cell adenomas preoperatively. Hyperplasia of the islet cells of the pancreas has also been reported in the European and American literature as a cause for fasting hypoglycemia.[5] However, this is questionable since no well documented cases of fasting hypoglycemia secondary to hyperplasia of the islet cells were encountered in the literature reviewed.

Summary

A classical case of an islet-cell adenoma producing episodes of hypoglycemia and relieved by surgical excision of the adenoma is reported. The incidence of these tumors varies with the institution reporting but a high index of suspicion of islet-cell tumor is warranted. Diagnosis may not be difficult if Whipple's triad is fulfilled and if there is hypoglycemia after a prolonged fast with or without exercise. The treatment of surgical excision of an islet-cell adenoma is curative in the majority of cases. Therefore, one should be highly motivated to consider this diagnosis.

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(The authors' references were so extensive that it was impossible to include them all. The references not specifically referred to in the article will be supplied by *The Journal* on request.) ◄

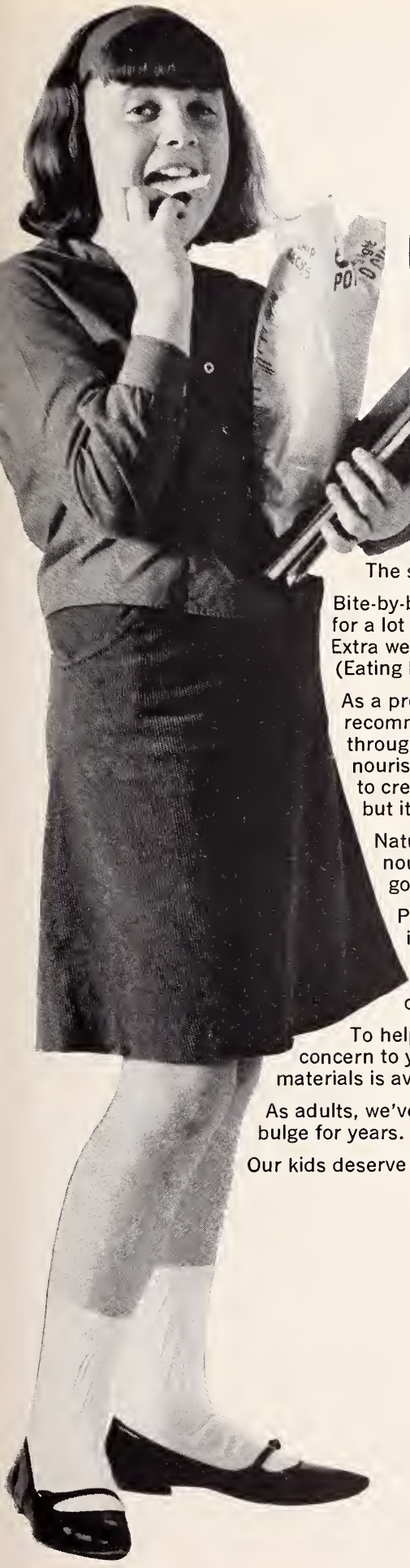
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Dangers of Unlimited Drug Supplies

Examples of the dangers of an unlimited supply of drugs are evident abroad. Israel for four years operated drug clinics but closed them when they failed to control the spread of addiction. The people of Denmark, where drugs are legal, consume 60% more drugs per capita than any other country in the world, and that government is now tightening controls.

The New York Medical Society supports this conclusion, "There is no evidence", it says, "that the permissive approach in England is responsible for their low addiction rate." Other countries, such as Norway, with a similar approach, have very high addiction rates. Hong Kong, enjoying the benefits of the "British System" with one-third of the population of New York City, has more addicts (approximately 150,000) than the entire United States. It is the only city in the world with more addicts than New York.

Marijuana, far less dangerous, on the other hand, is totally illegal and strictly controlled in England. One study indicated that the proportion of addicted doctors in our nation's total number of addicts was eight times the proportion of doctors in the general population — a concrete and disturbing example of what can happen when drugs are easily available. A British doctor is allowed to dispense drugs to an addict if "it is demonstrated that the patient, while capable of leading a useful and normal life when a certain dose is regularly administered, becomes incapable of this when the drug is entirely discontinued."—Northern Indiana Psychiatric Society *Newsletter*, Vol. 3, No. 8, Feb., 1966.



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The after-school break.

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PROJECT WEIGHT WATCH

Ultrasound waves may be used for the diagnosis of intracranial conditions. The intracerebral midline may be determined quickly and atraumatically.

Echoencephalography

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ECHOENCEPHALOGRAPHY is an ultrasonic technic used to detect the position of intracranial structures by measuring the echoes obtained from the interfaces of tissues with different acoustical impedances. Its principal application is to detect and measure the midline of the brain.

Ultrasound was first used for submarine detection and the detection of flaws in metal approximately 20 years ago. The transmission method was used in the early work developed both in Europe and the United States. The Japanese have used the reflection or echo method of diagnosing intracranial lesions since 1952.[15,16] Leksell[8] introduced this method in Sweden in 1955 and found it useful in diagnosing extracerebral hematomas, particularly in young children. Since then many European investigators such as Lithander[10, 11], Jeppson[6,7], Taylor[13], Jefferson[5], Ford and Ambrose[2] have used this technic in many patients. In this country, French used direct cortical application of echoencephalography in locating brain tumors in 1951.[3]

Ultrasound

Ultrasound has a frequency greater than 20 kilocycles per second and is inaudible to the human ear. The ultrasound used diagnostically has a frequency from 1 to 10 megacycles and, because of the high frequency, has a tendency to beam and reflect similar to light. This phenomenon makes the echoencephalogram possible.

The source of ultrasound is a barium titanate crystal which emits ultrasonic vibrations in response to an alternating current. Between emissions, this process is reversed, converting the returning echoes into current which is represented as deflections on an oscilloscopic screen.

The instrument we use (Figure 1) operates at 2.25 megacycles pulsed at 200 emissions per second and lasting one millionth of a second. Because the sound waves emitted are pulsed, not focused, and of an energy less than 1 milliwatt per square centimeter, there is no danger of injuring nervous tissue even upon repeated examinations.

Source of Midline Echo

The source of the midline echo has undergone interesting experimentation. Leksell[9] in 1957 and Jeppson[6, 7] in 1960 both were unable to obtain a midline echo when the pineal body was removed from autopsy brain specimens. Jeppson thought this occurred because there wasn't enough difference between the acoustical impedance of brain tissue and cerebrospinal fluid to demonstrate the third ventricle. However, the energy absorbed by the skull was less in children so the midline echo in these cases was third ventricle instead of the pineal body.

de Vlieger and Ridder[14] in 1959 found that the midline echo originated in the cerebral interhemispheric fissure. Gordon[4] in the same year thought the midline echo was primarily in the septum pellucidum and third ventricle.

In 1961, Lithander[10] proved that midline echoes could be formed by the aqueduct, pineal body, third ventricle, septum pel-

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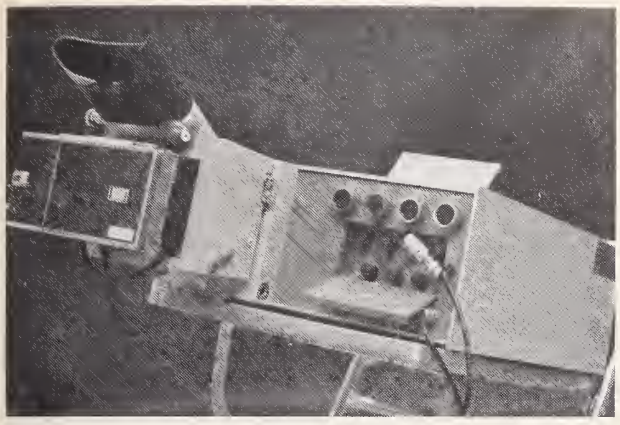


FIGURE 1
THE echoencephalograph.

lucidum and the falx cerebri. This was demonstrated by scanning through the intact skull of cadavers, then re-scanning after placing needle indicators in the various structures that had been previously identified on the echoencephalogram. By duplicating the first scan, he could accurately determine the different structures contributing to the midline echo. He found that a non-calcified pineal body did not reflect an echo that could be recorded through the intact skull.

Technic

The routine echoencephalogram is performed with the patient sitting or lying supine. Water is used to couple the transducer crystal which is applied perpendicular to the skull about 4 cm above the external auditory meatus. In this position the relatively thin temporal bone and angle of the transducer give optimum detection of the third ventricle or midline echo.

If a frontal tumor is suspected, the anterior placement of the transducer will sometimes demonstrate a shift of the lateral ventricles. In suspected subdural hematomas, it is also important to use a parietal position. Echoes may be obtained from a calcified pineal body if the transducer is located posterior to the ear.

At surgery, a sterilized transducer is placed first upon the dura and then directly upon the surface of the brain to localize subcortical tumors. Recently we have had success with this method of finding a deep-seated neoplasm at operation.

A satisfactory echoencephalogram, in addition to a midline echo, should have echoes from the inner and outer tables of the skull opposite the transducer. These echoes should be accurately aligned so that the sum of the distances from both sides of the skull to the midline equals the skull diameter. If the midline echo is not located at the midpoint of the skull diameter, then a shift exists. Lithander[11] showed statistically that 99% of normal adults will have a shift of less than 3 mm. In children, a shift greater than 2 mm can be considered abnormal.

The midline echo is usually not difficult to obtain because it is the most prominent echo and is less likely to disappear with gentle rocking of the transducer back and forth. Other intracerebral echoes are commonly seen but not always recorded on film. In our series, the lateral ventricles were photographed in 10 cases, lateral wall of the third ventricle in 19 cases and the dura in six cases.

Abnormal echoes are recognized by their appearance and location in relation to normal echoes. The slurred appearance of a tumor echo can sometimes be differentiated from the well-defined echoes found in some intracranial hematomas.

Results

A total of 70 cases have been studied to date, with 54 normal and 16 abnormal echoencephalograms. Of the 16 patients with an abnormal echoencephalogram, four cases were not completely evaluated at the time of this writing. The remaining patients proved subsequently to have subdural hematomas (5), cerebral glioma (3), metastatic brain tumor (1), brain abscess (1) and a right internal carotid aneurysm with an associated subdural hematoma (1). One case represented a false positive echoencephalogram since angiography revealed no abnormalities. All the other abnormal echoencephalograms, however, were confirmed by angiography, pneumoencephalography, or surgery.

Our initial results compare favorably with the results of Ford and Ambrose in their series of 1,000 patients with an accuracy of 93.8%.[2] They had 4.4% false positive and 8.9% false negative echoencephalograms.

Case Reports

Case No. 1:

The patient was a 59-year-old white male with a one-month history of headache, progressive mental deterioration and weakness of the right extremities. On neurologic examination, he was found to be dysphasic with a right hemiparesis and a right homonymous hemianopsia. Carotid angiograms were normal, but a left brachial angiogram demonstrated a large tumor stain near the midline in the parietal region. A pneumoencephalogram immediately prior to surgery revealed the third ventricle to be shifted to the right. At surgery, a glioblastoma multiforme was found involving the splenium of the corpus callosum and extending into the left cerebral hemisphere.

In this case the echoencephalogram demonstrated a shift of the third ventricle to the right of the midline which was not evident on the angiogram, probably because of the posterior location of the tumor (Figure 2).

Case No. 2:

A 44-year-old white female was admitted with the acute onset of a subarachnoid hemorrhage. The patient's neurologic examination revealed a right third nerve paralysis. An echoencephalogram showed a shift of the midline echo from right to left (Figure 3). Angiography revealed an aneurysm of the right internal carotid artery with a shift of the anterior cerebral artery to the left. At surgery she had a right subdural hematoma in addition to the aneurysm.

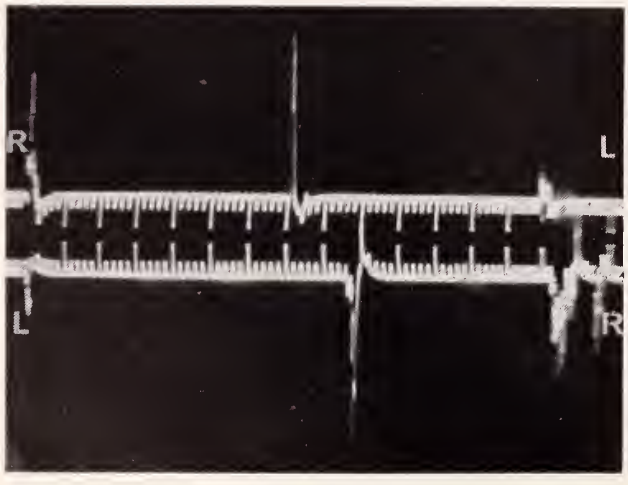


FIGURE 2
LEFT temporoparietal glioma. Echoencephalogram showing 10 mm shift to right; angiogram was normal.

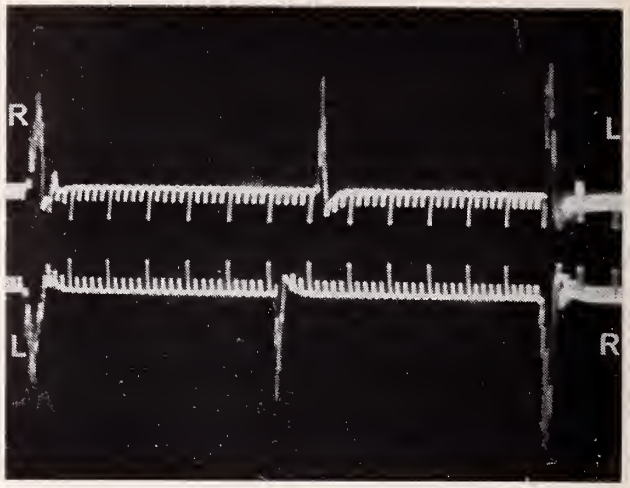


FIGURE 3
RIGHT internal carotid artery aneurysm with a right subdural hematoma. Echoencephalogram showing 5 mm shift to left.

Sugar[12] reports a case of a non-ruptured aneurysm of the anterior cerebral artery that reflected widened pulsatile midline echoes on the echoencephalogram. In the two cases we have investigated, no similar abnormal echoes could be seen.

Case No. 3:

Four days prior to admission, a two-year-old boy sustained a head injury with unconsciousness of one-half hour duration. Other than episodes of vomiting, the child appeared normal until the day of admission when he again struck his head and was unconscious for five minutes. The patient was obtunded when admitted but both pupils were equal and reacted to light. Neurologic examination revealed a right central facial paresis and a right hemiparesis.

It was initially thought by most examiners that cerebral contusion was the most likely diagnosis and that the child could be safely observed overnight in the intensive care unit. However, because of the abnormal left to right shift of the midline echo on the echoencephalogram (Figure 4) the patient was taken directly to surgery where a subdural hematoma was evacuated on the left.

Case No. 4:

A 54-year-old white female incurred two head injuries, three weeks and one week prior to admission. The patient was not unconscious with either injury, but began

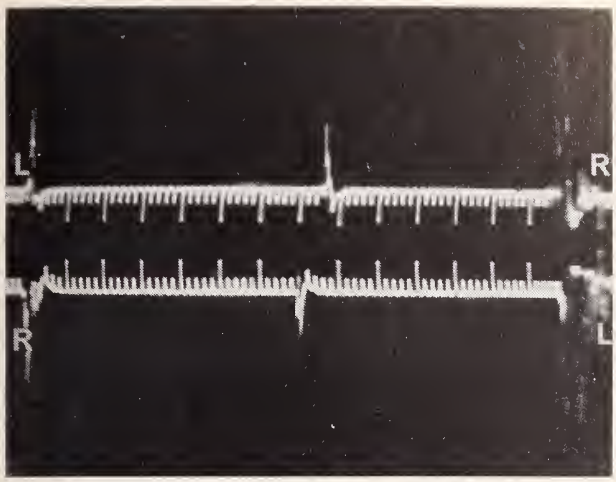


FIGURE 4
LEFT subdural hematoma confirmed at surgery; echoencephalogram reveals 4 mm shift to right.

having progressively severe headaches. She became obtunded and within 24 hours was comatose with fixed dilated pupils.

The echoencephalogram revealed a left to right midline shift (Figure 5) which was confirmed by angiography. At surgery a large subdural hematoma was evacuated through burr holes.

Discussion

Echoencephalography has proven particularly useful in cases of acute head injury as a screening device to detect the presence of intracranial hematomas that require surgical evacuation. It serves as a rapid, atraumatic method of determining the presence of a midline shift and is especially valuable in poorly cooperative patients where angiography is technically more difficult, often requiring anesthesia.

Although intracranial hemorrhage cannot be differentiated from cerebral edema or contusion, a shift of the midline echo demonstrates the need for contrast procedures or burr holes, depending upon the clinical situation. Likewise, the absence of a midline echo shift on the echoencephalogram does not exclude the possibility of a bilateral or small unilateral subdural hematoma, both of which are usually easily diagnosed by angiography. Hence, this new procedure is an aid and not a substitute for clinical judgment.

In the diagnosis of brain tumors, echoencephalography can usually lateralize the lesion in the presence of a midline shift; however, more specific localization can



FIGURE 5
ECHOENCEPHALOGRAM showing 18 mm shift to right; left subdural hematoma confirmed at surgery.

sometimes be obtained if a tumor echo is present even in the absence of a midline shift. At the present time, other diagnostic methods such as a radioisotope brain scan, cerebral angiography and air contrast procedures should be used to localize the lesion more accurately. Technical advances in ultrasonic scanning[1] of the entire brain may make more accurate localization of brain tumors possible.

Summary

1. The echoencephalogram is useful in neurological diagnosis when an experienced person who knows its limitations performs the test and interprets the results.

2. This method is useful primarily because it is a rapid, atraumatic method of determining the intracerebral midline.

3. Echoencephalography is especially helpful as a screening device in the evaluation of acute head injuries.

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Echoencephalography in General Hospital Practice

M. S. Lapayowker and G. E. Christen (Temple University Hosp., Philadelphia)

Amer. J. Roentgen. 93:803-810, (April), 1965.

The present study of 723 echoencephalographic examinations was made to evaluate the place of echoencephalography in a general hospital situation. The overall accuracy of the method was found to be 96.6%, suggesting that it is a worthwhile supplement to the usual procedures in the evaluation of intracranial problems. In addition to the usual midline position, other information about intracranial structures was obtained which correlated with angiography, air studies and isotope scanning. With this method, patients with multiple, severe injuries could be examined at the bedside. Variations in the position of the midline could be followed on a daily basis and further roentgen studies were performed only if the patient's clinical condition and echoencephalographic findings indicated the necessity for possible neurosurgical intervention. Echoencephalography may also prove valuable in the smaller hospitals where immediate neuroradiologic and neurosurgical procedures are not readily available.

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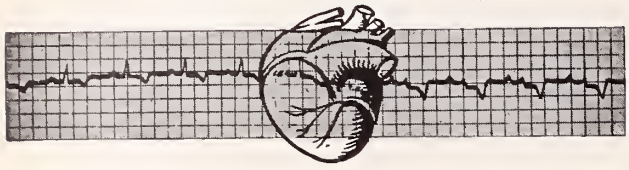
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Electrocardiogram of the month



Presented as a regular feature of The JOURNAL, Electrocardiogram of the Month is a series of short talks on cardiovascular diagnosis and treatment, edited by the staff of the Krannert Heart Research Institute, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis.

Paroxysmal Atrial Tachycardia (PAT) with Block (4)

CHARLES FISCH, M.D.
Indianapolis

SOME of the difficulties in the diagnosis of PAT with block have been alluded to in the last three month's articles. This communication will (1) point to the low voltage of the atrial depolarization (P wave) as a problem in recognizing PAT with block and (2) will serve as the first of many examples of the frequent association of PAT with block with other arrhythmias usually ascribed to digitalis.

The bottom strip recorded on 11-4-65 demonstrates a regular atrial rate of 220 per minute. The P-R varies indicating a lack of temporal relationship to the QRS. The latter is regular at a rate of 90 per minute. The different atrial and ventricular rates, a lack of temporal relationship of P-QRS in the presence of a regular QRS rhythm indicates complete atrioventricular (AV) dissociation. The QRS, normal in appearance with a rate of 90, originates in the AV node. Thus this strip represents a double tachycardia, namely PAT with block and AV nodal tachycardia.

The upper three strips recorded on 11-2-65 demonstrate PAT with block and a AV nodal tachycardia. The PAT would go unrecognized if it were not for the sudden prolongation of the R-R interval due to an exit block from the AV node, during which P waves of low amplitude at a rate of 250 are clearly visible.

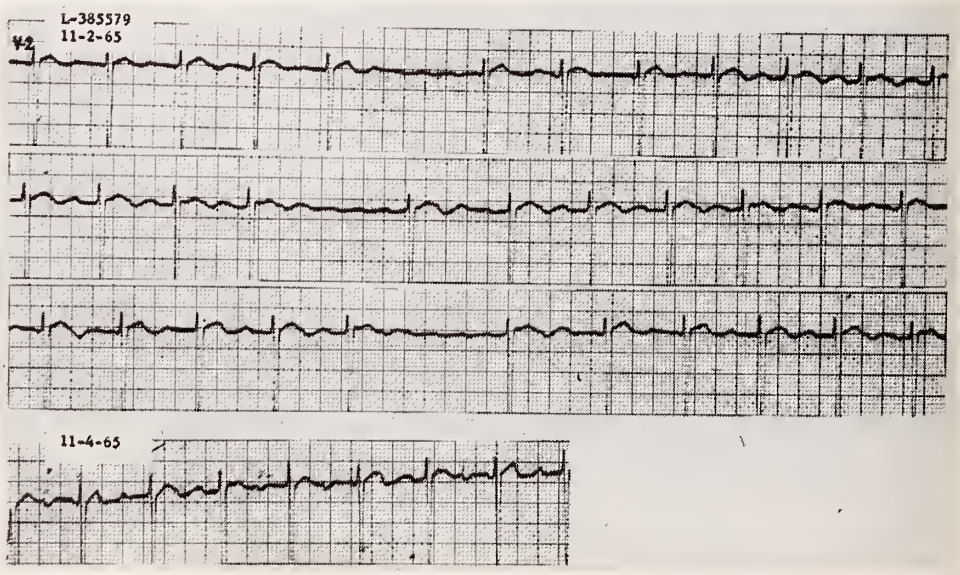
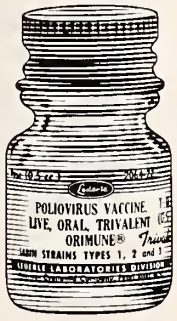


FIGURE 1
PAT with block and AV nodal tachycardia.

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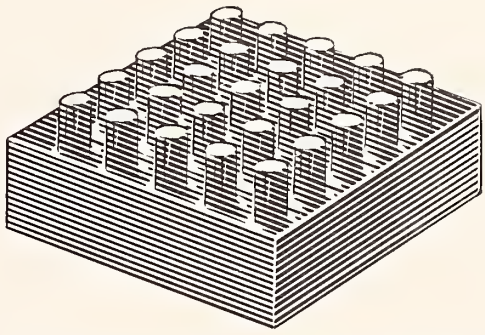
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In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.
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*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.

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X-RAY CONFERENCE

Presented as a regular feature of *The Journal*, X-ray Conference is a series of short talks on procedure and radiologic diagnosis, edited by Erich K. Lang, M.D.

Renal Infarct

ERICH K. LANG, M.D.
*Indianapolis**

A 46-year-old white female was admitted to the hospital with a history of hematuria and left flank pain for the past three days. The past medical history of the patient revealed rheumatic heart disease and apparently a positive diagnosis of verrucous endocarditis.

In view of the history, an intravenous pyelogram was first performed. The dye excretion from both kidneys was prompt. There was no evidence of any calculi or obstruction of dye flow from either the right or left kidney. Cystoscopic examination revealed blood coming from the ureter. During the next four days, the patient's symptoms improved considerably. The hematuria and pain subsided.

Further attempts to diagnose a specific cause of the bleeding failed. The tentative diagnoses of a cystitis, renal calculus and

* Department of Radiology, Methodist Hospital, Indianapolis.

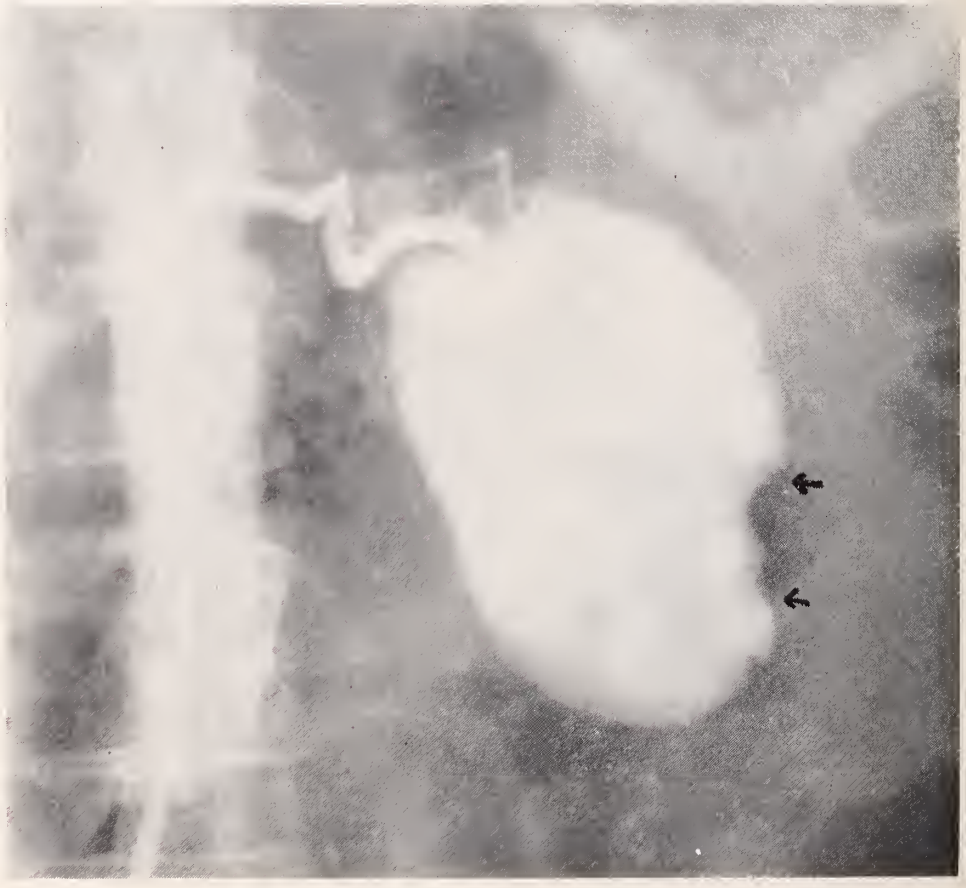


FIGURE 1
THE capillary phase film demonstrates dense opacification of the lower pole of the left kidney, supplied by a separate artery showing arteriosclerotic plaque formation. A typical carved-out defect is seen along the inferolateral border. This defect is considered characteristic of a healing renal infarct.

ascending pyelonephritis were discarded. A renal arteriogram was finally performed on the 20th day after onset of symptoms to exclude the possibility of a small tumor. Two renal arteries supplying the left kidney were readily demonstrated. The artery supplying the upper two-thirds of the left kidney appeared to be unremarkable. The artery supplying the lower pole of the left kidney showed arteriosclerotic changes. The most significant changes, however, were limited to the late nephrographic phase film. A carved-out segment of renal parenchyma of the inferolateral margin is apparent. The appearance is classical of the fresh scar of a renal infarct.

Discussion

Renal infarction has been a neglected diagnosis in patients presenting with hematuria and pain. Careful perusal of pathologic reports reveals that a large number of patients with a history of transient hematuria and flank pain will show evidence of substantial scarring of their kidneys at autopsy. It appears that unexplained hematuria and pain is not infrequently caused by parenchymal renal infarcts. Patients with mitral disease and with verrucous thromboendocarditis particularly, appear to be prone to infarction of the arterial bed. The kidneys with their massive flow are prime targets for such infarcts. In our own experience, renal infarcts rate second in patients presenting with hematuria and pain; calculi in the upper tracts being the most common cause; cystitis and pyelitis being the third and tumors being the fourth most common cause. ◄

Tour of AMA Headquarters A Convention Highlight

A special feature of the American Medical Association's 115th Annual Convention will be a guided tour of AMA headquarters and the new Institute for Biomedical Research.

All physicians, their wives and other convention guests are invited to tour the building. Tours will be conducted every hour from 9 a.m. to 4 p.m., Monday, June 27 through Friday, July 1.

A special corps of guides will escort the visitors and answer any questions regarding AMA publications, services and activities.

ASTHMA: IMMUNOLOGICAL AND NON-IMMUNOLOGICAL

One of a series of case reports illustrating the differential diagnosis in patients with symptoms of asthma.

IRVIN CAPLIN, M.D.
JOHN T. HAYNES, M.D.
Indianapolis

A 59-year-old man was seen in consultation because of his "asthma." He gave a history of shortness of breath of five years duration. Five months prior he had been hospitalized because of digitalis intoxication. He was on the following medication:

1. Naturetin K., 5 mgm daily.
2. Digitoxin, 0.1 mgm daily.
3. Syrup of hydriotic acid, one teaspoon q.i.d.
4. Amesec capsules every 4-6 hours for shortness of breath.
5. Placidyl, 500 mgm at bedtime.

He had worked with asbestos since age 15 and at present was employed wrapping water pipes with asbestos sheeting. He also smoked one package of cigarettes daily.

Physical examination revealed a man with labored breathing who appeared approximately ten years older than his stated age. Breathing was entirely costal; the clavicles were elevated. There was a marked increase in the A-P diameter of his chest. Blood pressure was 140/90. The lungs were hyper-resonant with a paucity of other findings on auscultation. There was no wheezing. A timed vital capacity revealed marked bronchial obstruction with a one second



FIGURE 1
ASBESTOSIS. (1A)—Emphysema and calcification of pericardial and diaphragmatic pleura noted on left. Enlarged cardiac silhouette. (1B)—One month later: Comparative increase in heart size with cardiac failure.

capacity of 0.8 liters and a total capacity of 1.8 liters. A chest x-ray (Figure 1A) revealed calcification of the diaphragmatic and pericardial pleura. Scattered fibrosis and increased radiolucency characteristic of pulmonary emphysema were also present. An electrocardiogram revealed a first degree heart block (P-R interval .21 seconds), left bundle branch block and flattened S-T segments characteristic of digitalis effect.

Skin testing to common household allergens, pollens and molds was entirely negative. A presumptive diagnosis of asbestosis and arteriosclerotic heart disease was made. The marked degree of physical impairment with a paucity of objective findings, pleural and pericardial calcification are all compatible with a diagnosis of asbestosis. He was advised to give up smoking entirely. This, plus the use of a norepinephrine nebulizer, gave him considerable relief, and he was able to sleep through the night undisturbed by his dyspnea.

One month later he was again seen because of a recurrence of severe dyspnea. Physical examination at this time revealed clinical evidence of both right and left-sided heart failure. Re-x-ray of the chest (Figure 1B) demonstrated an increase in heart size and bilateral pleural effusions.

This patient should teach us that although it is possible for allergic asthma to start in the mid-fifties, one should certainly look for pulmonary and cardiac causes for dyspnea in a man of this age. Here we have both a pneumoconiosis (asbestosis) and congestive heart failure with a complete absence of allergic disease. ◄

1815 N. Capitol Ave.
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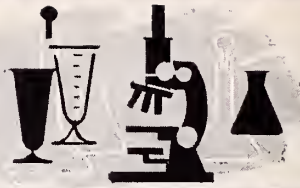
The Cost of No Cancer Cure

If any one group of people, whether it be industry or government, ever started directing all the research, research would be dead. It may sound as if there is some duplication, but it is duplication of objective, rather than duplication of work.

If, for example, three companies are working on the solution of the cancer problem, it is likely that each will be using a different approach to the solution. It is true that the research will cost three times as much, but there will be three times as many chances to solve the problem. . . .

I'd rather pass on to the consumer the cost of the cancer cure than to pass on to the consumer the cost of no cancer cure.—Dr. Thomas F. Carney in broadcast over radio station WBBM, Chicago, December 7, 1965.

Path-finder
PUBLISHED UNDER THE AUSPICES OF THE INDIANA ASSOCIATION OF PATHOLOGISTS



The Simple Laboratory Test*

Is there a simple laboratory test? If so, it must be rare. Certainly many tests may seem simple if the observer or the person working at the bench is ignorant of all of the pitfalls that accompany every manipulation.

As an example, let's explore hemoglobin determinations. This has been a frequently performed analysis since Gowers introduced the first method in 1878. The number of papers written on the subject since that time is astronomical. Yet just what is the present status of performance of this commonest of all tests? In 1963, a total of 398 laboratories returned results of their analyses of a hemoglobin solution.[1] Iron analyses of the sample yielded a calculated value of 15.9 Gm. of hemoglobin per 100 ml. of blood. The mean value of the returns was 15.7 Gms. Only two-thirds of the reporting laboratories obtained values between 14.9 Gm. and 16.5 Gm. Values as low as 10.5 Gm. and as high as 18.6 Gm. per 100 ml. were reported. In view of this, even though it looks simple to see a technician perform a single dilution and read the result from a scale on a photometer, it would certainly be erroneous to imply that determination of hemoglobin is a simple test.

An advertisement for Bromsulphalein (BSP) uses the provocative phrase "and is an extremely simple test to perform." This extremely simple test has resulted in a number of deaths. After eleven years experience with administering the dye, it appeared to the author that such reactions always occurred elsewhere. Amidst this complacency, two severe reactions were encountered in one month following its use. After such experiences would not the phrase "potentially dangerous test" seem more appropriate? According to Dr. Magath[2] who has supervised over 200,000 of these tests, it is not a simple one.

Some of the potential traps in performing simple tests might be elusive to the most sagacious chemist. Even the method of transportation of the specimen to the laboratory is hazardous. The quickest way is not always the best. For example, pneumatic tube transportation of blood interferes with determinations of hemoglobin, serum LDH and serum potassium.[3] The simple hematocrit is markedly altered when it is determined on blood taken from a vacuum tube which has been only partially filled.

What about the many "dip sticks"? In some instances, the various ribald comments overheard in the laboratory seem appropriate. In a recently published article numerous problems resulting from the estimation of blood urea nitrogen by a current popular "simple test" are pointed out.[4] Indeed, a paradox exists when on one hand knowledge and instrumentation have shown such rapid and spectacular advances and on the other, tests are offered which give imprecise and even misleading results. Moreover, hospital administrators and practicing physicians could be mislead into the idea that the well-appointed laboratory consists of a bag of variegated bits of paper.

If such problems are encountered in the "simple test," the more complicated tests can be traumatic indeed for the technologist, and most hazardous to the physician and his patient. "It is high time to stop misleading the public and the physician about laboratory tests. None is simple and cer-

* Prepared by Section of Practice of Pathology in the Private Office, College of American Pathologists.

tainly none is extremely simple. They are all involved, complicated, and full of pitfalls and possible inaccuracies clear down to the written report on the patient's history. It takes a clear appreciation of these many possible errors and a long period of training and experience in order to master laboratory procedures to an acceptable level."[2]

The responsibility for maintaining good clinical laboratories, of necessity, resides within the medical profession. Pathologists are clearly those most responsible; however, the full understanding and cooperation of all medical groups are essential to maintaining excellent laboratory medicine standards. Indeed, it is just as important to send the patient, the patients' blood, or other biological sample to a properly supervised laboratory as it is for the patient to see a properly trained physician in the first place.

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USP and "Generic Equivalence"

There are many facts about the so-called "generic equivalent" drugs which have an important bearing on the effect of the drug on the patient and the physician's security in prescribing them.

There is adequate evidence that generic name drugs are not necessarily equivalent to each other. The label "USP" means that the manufacturer is claiming to meet minimum standards. It does not necessarily mean that he has been proven to have obtained those standards.

Not all drugs are subjected to the same quality control procedures. Not all drug manufacturing techniques and equipment are so well standardized that the products are of uniform quality. The tendency of a manufacturer of a generic drug is to meet minimal and not optimal standards.—Editorial in *Journal of the Louisiana State Medical Society,* (117:5), May, 1965.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Indiana Committee of Nursing

"THE nursing resources of Indiana, how to expand them and how to improve their services to patients" has been the subject of a study by the Indiana Committee of Nursing (ICON) for the past two years.

The study group was originally formed by joint action of the Indiana State Nurses Association, the Indiana League for Nursing and the Indiana State Board of Nurses Registration and Education. Each of these organizations contributed financially to the project and in November, 1964 selected Mrs. Mary Whitehurst, R.N. as director of the study.

Specific subjects for investigation have been designated as the quality of nursing education, financial remuneration for nurses, the use of auxiliary personnel and increase of positions available to nurses.

In October, 1965, Lilly Endowment, Inc., contributed handsomely to the study and enabled it to proceed on a statewide basis.

The original committee has been enlarged to include at least one representative from every group or activity in the state which has an interest in any of the aspects of nursing.

The Indiana State Medical Association and the Indiana Hospital Association are represented on the advisory committee. In addition, representatives of head nurses, public health nurses, social service, nursing education, industry, labor, private duty nurses, psychiatric nurses, licensed practical nurses, school nurses, occupational health nurses, the Indiana State Association of Osteopathic Physicians and Surgeons and the Indianapolis Hospital Development Association are included.

A pilot study has been concluded in the ten counties adjacent to Muncie. The experience gained in this endeavor is being utilized now to extend the investigation to the entire state.

A part of the statewide survey will be a one-page questionnaire which will be sent to some 3,000 Indiana physicians in May. This portion of the study will concern the determination of need for the next several years for graduate and licensed practical nurses and for other nursing assistants.

The committee and ISMA are anxious to have this portion of the study completed as expeditiously as possible in order to facilitate the later deliberations on nursing education and nursing recruitment for the future.

Guest Editorial

A System of Impartial Medical Testimony

CONFLICTING testimony by expert medical witnesses has resulted in much harm to the medical profession. As recently as 1964, United States Supreme Court Justice William O. Douglas objected vigorously to examinations by physicians, charging that doctors, "for a fee, can find something wrong with any patient." He continued that such examinations contain "the awful risk of blackmail." The Schlagenhauf case, which prompted such denunciation by Justice Douglas, did not arise out of a California or New York case, but was in fact an Indiana personal injury case. What is the cause of such conflicting testimony? How can it be prevented?

We live in a traumatic environment. The cars we drive, the machines we operate, the recreation we enjoy—all are fraught with many dangers. Injuries are commonplace; disability results. Insurance coverage often necessitates a definite finding of the degree and length of disability. As physicians we treat these injuries to minimize the resulting mortality and morbidity. We also must estimate the disability. In minor injuries a statement by the physician rendering care usually is a sufficient and uncontested source of information.

In more serious injuries, conflicting estimates of disability often arise. In some cases courts must decide these matters. Such personal injury cases comprise 80% or more of the civil cases which come to trial. These trials should reach a decision which is fair to all parties concerned.

An examination of the basic procedure of a trial shows why conflicting medical testimony may arise. In a trial the judge instructs the jury regarding points of law. The jury decides points of fact after hearing the evidence. Witnesses relate to the jury what they have experienced regarding the particular injury in question. Expert witnesses, such as physicians, may give an *opinion* regarding the injury. This is the framework within which an attorney works in attempting to get a decision most favorable for his client. The attorney for the injured party will, therefore, call as an expert witness a physician who is known to tend to *maximize* disability, and who is a convincing witness in the eyes of the jury.

Likewise the attorney for the defendent will call as his expert witness a physician who is known to *minimize* the injury. Therefore an expert witness often is selected for his ability to convince the jury rather than for his expert medical knowledge. Members of the jury, with no special medical training, must decide where, amid such conflicting medical testimony, the truth lies. Such partisan medical testimony is harmful to the prestige of the medical profession. It tends to obscure the truth. What can be done to correct this situation?

Several attempts have been made to solve the problem. Minnesota has a grievance committee which closely reviews physicians' actions in court and which takes appropriate action against misconduct. Such action, disciplinary in nature after the misconduct has occurred, has not been a satisfactory solution. A more suitable solution may be to set up a plan for impartial medical testimony to be made available to the courts. This could be set up through legislation or by a court as within its inherent power. Such a plan would use panels of outstanding physicians in various branches of medicine. These experts would be available at the request of the court to make medical examinations of plaintiffs in personal injury cases where the medical aspects were both controversial and substantial. They would report their findings, and, if necessary, testify.

Cooperation between the legal and medical professions is necessary for such a plan to operate. It would be up to the appropriate medical society, upon request of a court, to pick from its members a few outstanding physicians in each major specialty to serve upon such a panel. These physicians typically would be ones who already had distinguished themselves through their medi-

cal achievements. Neither attorneys nor judges would know what doctors had been selected to serve.

Then when a case arose, where partisan medical testimony seemed questionable, the judge could have the injured person examined by the physician who had been chosen by the medical society. His report and testimony would be identified as being from a physician who was acting as a friend of the court and who was not answerable to either side in the litigation. Juries could be expected to give great weight to such testimony. Such physicians could be cross-examined by the attorney for either party, thereby protecting the rights of each. Each side could also call their own expert witnesses.

Such plans are already in use in New York, Chicago, Philadelphia, Los Angeles, Baltimore, Cleveland and Utah. Most judges in these jurisdictions have been pleased with the results. Many cases are settled promptly, without further litigation, when judges have decided to call an impartial expert to examine the plaintiff. It is likely that many more cases are settled before any litigation is even started because such impartial testimony is available. Such plans would be expected to result in a more just result to the parties in personal injury suits and to prevent a backlog of such cases in our courts.

Indiana physicians should hold themselves ready to cooperate in such a plan. It is hoped that our legislature or courts will provide the opportunity.—**Walter Able, M.D., Columbus.**

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1966 AMA Annual Meeting

IN MEDICINE as in other spheres, the marketplace of things and the marketplace of ideas are incomparably larger in our time than ever before.

The growth of science and technology has placed before us a bewildering array of material goods and knowledge. Every year the amount grows larger; the amount added in 10 years is astronomical, and sometimes appalling to the physician who left medical school a decade or more ago.

A two-fold problem is created for the physician by the bulging marketplace: (1) to stay informed of what is available, and (2) to be well enough informed to qualitatively assess new goods and ideas, and select for his use those which are appropriate to his practice.

A physician can get by, of course, without making any real attempt to "keep up," either quantitatively or qualitatively. If he incorporates new drugs and new gadgetry into his practice occasionally—perhaps on the recommendation of a colleague or detailman—he will benefit by today's general rise in medical goods and knowledge.

American practitioners did not bring American medicine to its commanding position in the world with this kind of philosophy, however. American medicine, through its education and system of mores, selects a type of person who doesn't want to settle for "getting by." Behavioral scientists have told us that the American physician is above average in intelligence and tends to be an obsessive-compulsive personality—in

other words, a person who makes great demands on himself and strives for perfection.

The American physician does not easily find time to keep up with the advances of medicine. But, for the most part, his devotion to excellence leads him to find the time to incorporate a remarkable amount of new information into his store of medical knowledge.

The information comes from: colleagues, medical journals, medical news publications, continuing education courses, medical meetings and conventions, drug detailmen and some miscellaneous channels.

Of all methods of obtaining new information, the convention comes closest to being a synthesis of major methods. At the convention the physician has a chance to talk with detailmen at commercial exhibits; he sees his colleagues and exchanges views; he attends lectures, exhibits and seminars that together constitute a course in up-to-the-minute medical thinking.

Of all medical conventions, none compares with the annual convention of the American Medical Association as a showcase for medical goods and knowledge. At the 1965 annual convention, more than 600 scientific papers were presented and more than 350 scientific exhibits were on display as well as hundreds of industrial exhibits.

No other medical convention matches the range of subjects presented, from reviews of general medicine to experimental medicine and therapeutics.

The 115th Annual Convention of the AMA will be held in Chicago June 26-30 this year. As in 1962, the scientific program will be in McCormick Place on the Lake Michigan shoreline while the House of Delegates meets in the Palmer House.

Among special presentations planned is a general session on population expansion, a subject important to medicine and, to some extent, a crisis unique to the mid-Twentieth Century. The physician must avail himself of the latest information in order to gain adequate understanding.

The annual convention offers almost unlimited opportunities for absorbing new information and gaining new perspectives.

Time spent in Chicago this June will be time well spent.

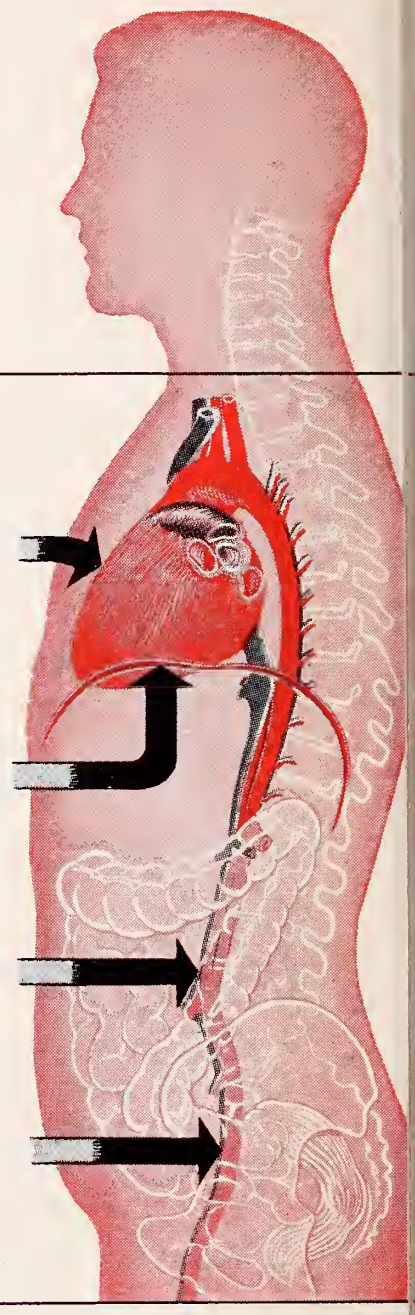
Editorial Notes...

Exposure to medical and dental x-rays involved 108 million Americans in 1964. This is an increase from 100 million in 1961, and proportionately exceeds the population increase for the same period. Some of the newer medical x-ray examinations are more complex. The American College of Radiology is studying the situation with a view toward obtaining maximum diagnostic value with a minimum of exposure to the patient.

The Food and Drug Administration's share of the budget for fiscal year starting July 1 has been proposed as about 20% above the preceding year, which is turn was 25% above that of two years ago. Portable equipment for a field modernization program and a new laboratory at Beltsville, Maryland are included. The FDA has been overworked and fiscally undernourished for years, and about the only other items that the proposed budget of $63.4 million will cover, in addition to routine expenditures, will be more funds to administer the recent Kefauver amendments and the new law on control of depressant and stimulant drugs.

The federal government has abandoned quality as one criterion in the selection of drugs for welfare patients. The General Accounting Office is reported as recommending "that the U. S. welfare commissioner issue . . . a provision specifically recommending that state agencies administering Federally-aided public assistance programs adopt policies and procedures designed to encourage physicians to prescribe and pharmacists to dispense, for the use of welfare recipients, the less expensive nonproprietary name drugs whenever practicable and consistent with the recipients' welfare" ◄

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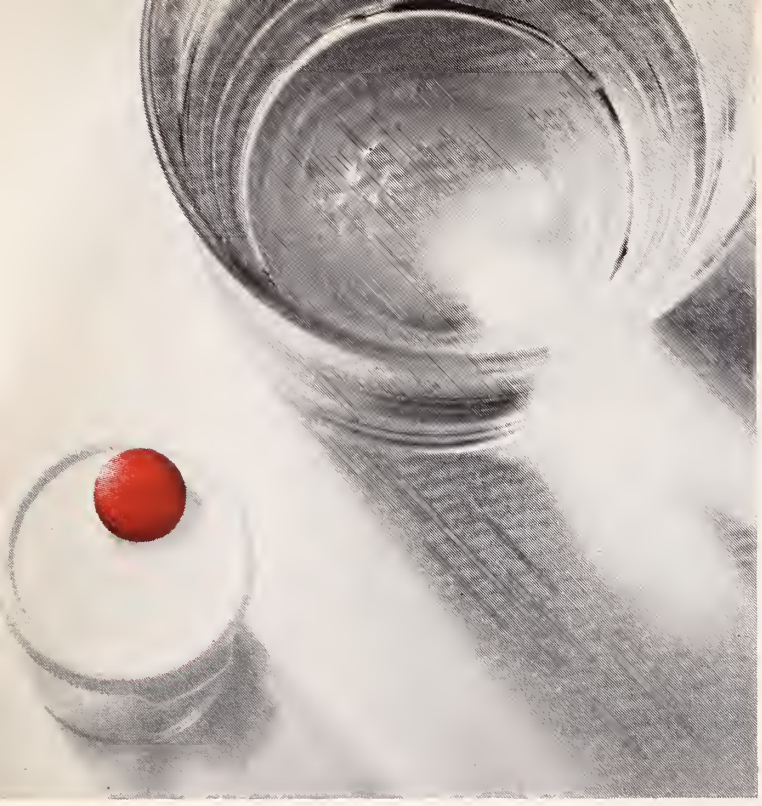
...to prevent straining at stool
and its adverse effect on
blood pressure,
cardiac output and
pulmonary circulation.

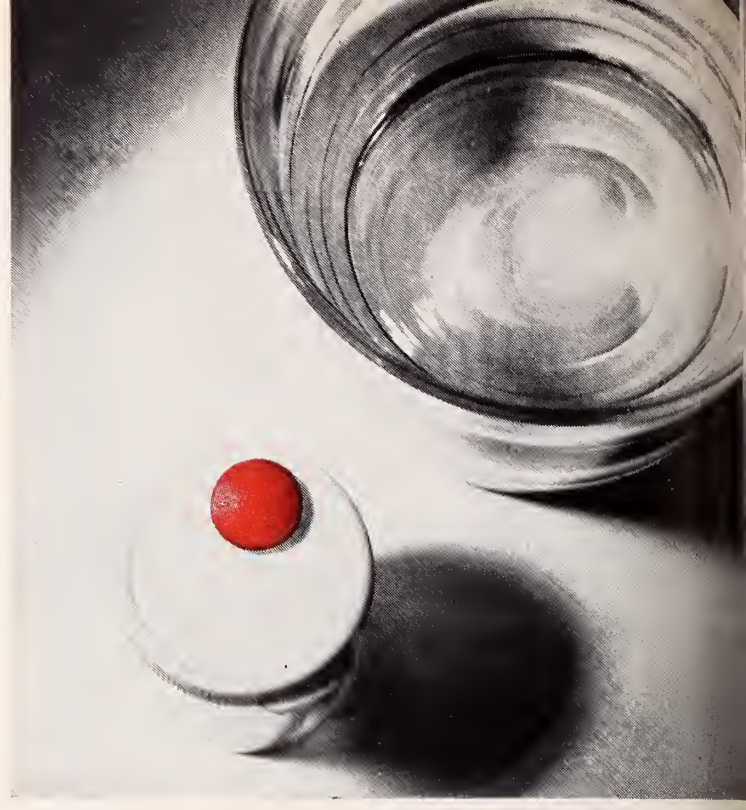
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Warning — In renal impairment, usual doses may lead to excessive systemic accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of discomfort.

Precautions and Side Effects — Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. Use of demethylchlortetracycline during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of the teeth (yellow-grey-brownish). This effect occurs mostly during long-term use but has also been observed in short treatment courses. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment. Side reactions include glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and dermatitis. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Anaphylactoid reactions have been reported.

Contraindication—History of hypersensitivity to demethylchlortetracycline.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products.

Capsules: 150 mg of demethylchlortetracycline HCl.

Tablets: film coated, 300 mg, 150 mg, and 75 mg of demethylchlortetracycline HCl.

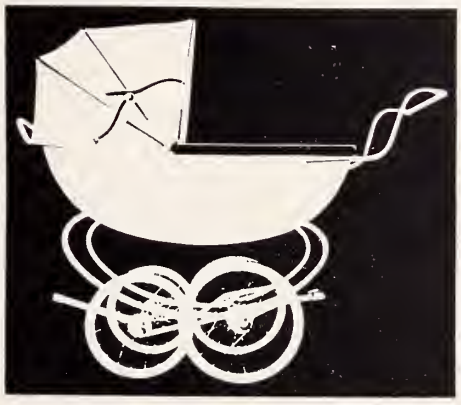
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President's Page

The best current estimate of who—and how many—persons will be eligible for government payment of office, home and hospital bills under the revised Kerr-Mills program as of 1975 is as follows: old-age-assistance recipients, 2,145,000; medically indigent aged, 265,000; blind, 95,000; permanently and totally disabled, 559,000; families with dependent children: adults, 1,086,000; children, 3,292,000; additionally medically indigent children, 16,669,000; additionally medically indigent persons, 10,997,000, for a total of **35,108,000** beneficiaries by 1975.*



In the past four decades of an increasing paternalistic government, there has been a great loss of the sense of *personal responsibility.* The philosophy of having the government assume responsibility for our families, our children, our parents, seems to have completely changed our attitudes in many other areas.

Is the great increase in motor vehicle accidents due to speed, mechanical failure? Or is it rather due to a widespread lack of personal responsibility of one human being for another? Has the basic philosophy of having someone else (the government) looking out for us eroded our sense of being personally responsible?

The parent is no longer responsible for the child; the child is no longer required to care for his parents. Is someone always going to look out for us? Is this why a driver is irresponsible, reckless, speeds, drives an unsafe car? Are we no longer "our brother's keeper?"

If each citizen cannot be re-educated to assume a personal responsibility for his health, his family, his finances, his citizenship, and his fellow-man, perhaps we don't deserve to survive. Our profession has an obligation to practice and to encourage *personal responsibility.*

* *Medical Economics,* Jan. 24, 1966, p. 113.

H. O. Neumann M. D.



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Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

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The Woman's Auxiliary

REPORTS TO ISMA

The House of Delegates of the Woman's Auxiliary to the Indiana State Medical Association convenes in Fort Wayne at the Key Largo Inn and Club Olympia April the 20th and 21st. Members and invited guests will join the executive board members, past-presidents and hostesses on Tuesday evening preceding the meeting to relax and enjoy the informality of a luau.



Opening session on Wednesday will be highlighted by a luncheon with Mrs. Karl Ritter, National Board member and representative. The afternoon will cover reports of the county presidents. Limited in time to two minutes, the challenge to cover the unique and different programming vies with pride of accomplishment. Each president is alert to the new ideas of others.

A balance between reports of the accomplished year, election of state officers and interchange of program ideas for the coming year will comprise the format of this meeting. By judicious planning, the co-chairmen and hostess group have also arranged time for relaxing, shopping and entertainment.

With reports from all over the state filtering in and accomplishments tabulated, it is with a very real sense of pride that I pay tribute to our working members. An auxiliary reflects the expectations and directives of it's Medical Advisory Board.

On April the 21st, Mrs. Alfred B. Scales will be installed as president and I will join the ranks of past-presidents. May I express my appreciation and gratitude for all the courtesies shown me during my tenure of office. My life has been enriched by many experiences, not the least of which was the frightening duty of representing my auxiliary on this page.

Ruth V. Dunstone

to help relieve pain in common anorectal disorders

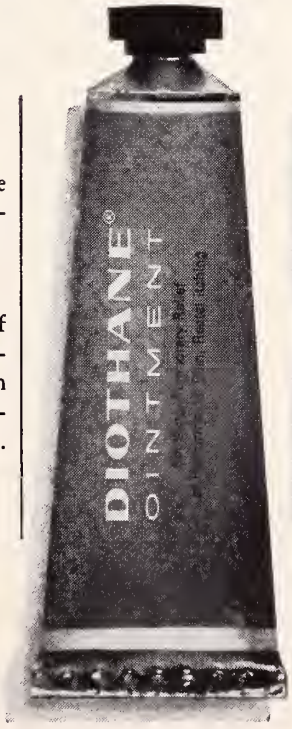
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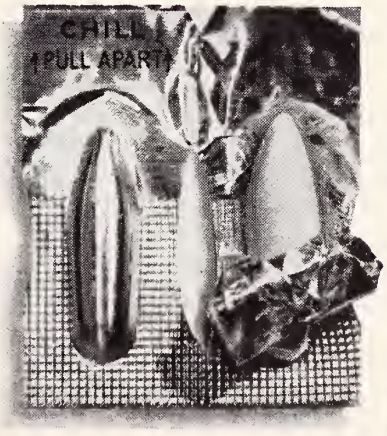
Diothane—with its chemically distinct "non-caine" anesthetic agent diperodon—provides effective temporary topical anesthetic and emollient actions for soothing relief of anorectal pain. Anesthetic activity is effective and relatively prolonged; sensitization is infrequent. Reports to Merrell on 1,500 patients treated pre- and postoperatively with Diothane Ointment, indicate only 22 developed local skin reactions. Reactions to Diothane have been burning or stinging sensations and a few cases of allergic manifestations. An additional advantage: Diothane Ointment and Suppositories are mildly antiseptic. Prescribe or recommend either form...both are now available.

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INDICATIONS:
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Congressman Richard L. Roudebush Addresses the I-HOPE Board*

INSTEAD of taking one particular subject and developing it to a conclusion today, I shall try to cover a number of matters. I sincerely hope as we discuss these matters that they may be of interest to you.

The first session of the 89th Congress adjourned on October 23, 1965, and tomorrow we will return for the opening of the second session. I return to Washington with, I would say, great misgivings for certainly it will be a Congress beset with many problems. I think a great number of these problems are a result of the action taken during the first session. In other words, the correction of legislation that was hastily conceived and poorly considered. Also, of course, will be the tremendous financial burden that has been placed on the people of this nation due to the conflict in Viet Nam.

Since adjournment of the 89th Congress I've been very busy; I have traveled several thousands of miles. I've addressed audiences in four states—Indiana, Ohio, Michigan and Illinois, in five of our 11 Congressional Districts of Indiana, and have delivered not less than one and up to as many as five speeches a day. I've also made three nationwide television appearances and many, many appearances for local consumption. I have loved every minute of it, the give and take of the questions and answers during these appearances, the discussion of the events of our world, and the literally dozens of appearances I've made. I've certainly covered the waterfront.

I have talked to numerous junior high schools and high schools and have encouraged other Republican candidates to appear before high schools and colleges because here, I think, you find the young mind in formation. I could tell you experiences that would dramatically and emphatically show you the need for these appearances. I've talked to many college students, at Earlham, Ball State, and my own school, Butler. I even spent one afternoon, one entire afternoon, with the governor of Indiana, Roger Branigin. I have talked to Rotary, Kiwanis and Lion Clubs, business and professional women, farm groups, veteran groups, military groups and spent two afternoons at the Job Corps at Camp Atterbury. I even made two appearances before the League of Women Voters. (Believe me, that can be a harrowing experience.)

I tell you of these many and various activities, not in any attempt to impress you with my importance, but rather to emphasize the difficulty of collecting fresh speech material.

* Speech presented at ISMA Headquarters, Jan. 9, 1966.

"A Limited Budget"

Speaking of these repeated appearances reminds me of a very wonderful story. When I first went to Congress, having served as the State Commander and also as National Commander of Veterans of Foreign Wars, I found myself, more or less, a "patsy" of every veteran group in the District of Columbia area.

I had one particular old boy who lives in Alexandria, Virginia. He is very southern and he called me every week and asked me to speak to some particular veterans group in Virginia. I made my fifth appearance in a space of about five weeks and was introduced in his very pronounced southern accent. He said "Comrade, some of the comrades have been asking why we get ole Roudy here as speaker so much." He added, "Comrade, you know the speakin' ain't so good but we do have a limited budget." I still haven't quite decided if that was a compliment or financial statement of the organization.

I have to admit that some of you who listen here today might take exception to some of my observations and might even be a little angry, but I certainly hope not. It is not my intent to appear too politically-biased or politically-oriented, so from time to time, the remarks I make to you will refer to opinions that have been publicly stated by many great leaders of both of our political parties, as well as many independent observers.

Let's look at the record of the 89th Congress. First, I will say that it was a very busy and hard working Congress; it was one of the longest in the history of our nation. We actually were in session 42 weeks. We set a new record in the number of roll call votes. By actual count, the members were called to stand up and vote 383 times either for or against legislation. It certainly was one of the busiest sessions of Congress that we have ever witnessed.

Eighty-six major bills, innovations and new programs were placed into effect by one session of Congress. I don't refer to the regular routine business of the Congress of appropriating money for this or that affair or function, but 86 complete new programs and innovations.

Deficit Spending

It was also one of the spendingest Congresses in our history. I have looked up many figures concerning the expenditures by the first session of the 89th. Actually, according to my calculations, we spent $119,300,000,000. Some of us, and here I refer to members of both political parties, feel that the government shouldn't spend more money than it takes in and we find that this is a great deal more

than we will take in over this period.

Anticipated revenue to our treasury while spending this $119,300,000,000 is certainly difficult to figure. What you read in the paper, regardless of its source, whether it's from the White House or from a senator or from a member of Congress, in many cases is purely guesswork because we discontinued or reduced many taxes; for example the income tax, the war-time excise taxes and still we promulgated new taxes, new taxes on income that became effective January 1, just a few days ago. No one knows what the revenue will be, it's just a calculated guess. And here I refer to the taxes and the raise in taxes to pay for the increased Social Security benefits and Medicare.

Frankly, every wage earner in this nation has had less take-home pay since the beginning of 1966, and naturally the employers' contribution has been increased by a like amount. Withholding for Social Security and Medicare went up January 1, from 3.6% on $4,800.00—or $174.00 a year—to 4.2% on the first $6,600.00, or $277.20 per year. I figure this is an increase of 59% of both the employer's and the employee's contribution, providing this employee makes $6,600.00 per year. And, since Congress graduated these increases over a period of several years, the real impact of these costs won't be felt this year. To give you an example: on January 1, 1967, the increase will be to 4.4% on $6,600.00 and two years after that, on January 1, 1969 up to 4.9% on $6,600.00, 5.4% in 1973 and finally when the entire increase is in effect in 1987 it will be 5.6% on $6,600.00.

The self-employed man will especially feel this tax bite because the tax will be increased from 5.4% on $4,800.00 to 6.1% on $6,600.00. For example: a self-employed businessman has been paying in $159.20 for Social Security. This year he will pay $405.90 and in 1987 this will be increased to 7.8% or $534.80 per year. In other words, in 1987, every self-employed person in this country will be paying in excess of $10.00 a week for Social Security alone. And with these tremendous increases in taxes, no one really knows if they will be adequate to cover the costs of the Medicare and Social Security Programs. Certainly England and other countries have socialized medicine and, if we use their experience as a guideline, I would say that it probably won't be. The costs of Medicare are guesswork at best.

I remember when we were debating this monstrosity before Congress. I never heard so many different estimates as to what this program would cost. If there is some national calamity or some sort of catastrophe, let's say a flu epidemic, it is quite possible you might find a grave exaggeration of costs in Medicare.

Borrowing to Balance

Getting back to this profit and loss sheet of our government costs, I think that we can safely say that in this past fiscal year, we expended not less than $12 billion to as much as $15 billion *more* than we will receive during the same period. Or, to put it another way, about $1 in every $8 that we expended will be borrowed money. Now, I say borrowed money because the government has only three sources of income: taxes, the sale of assets such as public land, mineral rights, grazing permits and timber, and borrowing. Therefore, the deficit will have to be funded by borrowing.

You know one thing that never ceases to amaze me is how short our peoples' memory really is. It's very common to hear this remark in the cloakroom of Congress, and here I refer to the Republican as well as the Democratic cloakroom, "Oh you don't have to worry about this promise or that promise. The people will forget about it and they won't realize or they won't be aware of the fact that you voted in opposition to their wishes."

Recall, if you will just a year ago this month, January, 1965, when the original budget message accompanied the budget for this fiscal year. I remember very well being on the floor of Congress when this was presented by our President. I remember the glowing press report. "Lyndon Johnson was turning off the lights in the White House" and they're still off, by the way. Holding the line —an austere budget—they called it. Holding the line under $100 billion. I think the figure was actually $99,300,000,000 or thereabouts.

Now, let me tell you a secret. I don't care who the President of the United States is, whether it's Lyndon Johnson, John F. Kennedy or Dwight D. Eisenhower, budget messages don't really mean anything anymore. When you hear the budget message this January you can take it with a grain of salt because it doesn't take into account much government spending. It doesn't take into account the many, many supplemental appropriations that Congress has to pass to cover the increased spending.

As I told you, the budget calls for under $100 billion. We spend in cold figures $119,300,000,000 and about 99% of those expenditures, I would say, were on demand of the makers of the budget as had been described by the newspapers as being austere. And then you may say, "Has Congress lost control of the purse strings? You're a member of Congress, why don't you do something about it?" Well, the plain unvarnished truth is that some of us who worry about finances couldn't do anything about it. We tried, we tried hard. Oh, we could win a few minor victories, of course, in committees.

I remember sponsoring two amendments myself to the Space Committee and by coincidence both these amendments were seconded by Democrats from Texas. I had their assistance in reducing the expenditures in our space efforts something over $50,000,000. So we did have some minor victories. But I will say that although $50,000,000 is a lot of money—it would pave every street in Indianapolis—this is still a mighty little chunk of the $119,300,000,000 that was spent.

Payroll, Poverty, Pentagon

And you may say, "Well where in heavens name

did all this money go?" Just like my paycheck, I always wonder where it all goes. Well, more than half, in fact about 65%, goes for a relatively few programs. But before I burden you with these figures I would like to say that we spent more money this year than in any year in the history of our nation. Even more than during any year in World War II when we had 18,000,000 men under arms. The federal payroll is up 50,000 people this year, mostly working in the field of poverty and in the month of October, which is the last figure available, 11,810 new employees were added to the government payroll.

I quote leaders of both parties. These particular figures I gave you came to me from a Democratic senator who is chairman of the Committee on Government Employment. The interest on our national debt now costs $12 billion per year. That's $22,000 per minute. While I've been talking to you, perhaps five minutes, the cost of maintenance of our national debt was in excess of $100,000. Then, there is $50 billion for defense which, of course, we expect to be exceeded this year because of the Viet Nam conflict, plus interest—that's $62 billion. Another $5 billion for the Space Programs. About 5½ billion for veterans' benefits, 3½ billion for foreign aid and about seven billion for the farm program. Of course I am lumping these off into round figures. So, these five programs and the interest on your national debt actually totals $83 billion. Eighty-three billion from $119 billion, that still leaves about $37 billion to operate our government, pay your mailman, pay my salary, to pay for all these various and sundry poverty programs that we're playing with at the present time.

No one seems to worry much about money and finances anymore. I was at a Republican meeting at Richmond just two weeks ago. We had a young clinical psychologist from Purdue there. The essence of his talk was "Don't talk about money, deficit spending or our national debt because they don't have any sex appeal to the voters. The voters have no interest in finances of the government. They are interested only in material things and what the government can provide but they don't have any interest in how to pay for it." People simply don't care. It certainly isn't discussed in our schools anymore.

I can say this with some definite feeling because I have addressed 35 high schools since October 23 and I arrived at the decision in all cases that very little discussion had been made in any school concerning our national debt. We have one school of economists who have actually stated that balanced budgets aren't particularly desirable anymore, that they could have a negative effect on our government. I think thrift is actually frowned upon. I think the feeling of why worry, the government has a program and can take care of us, is uppermost. The old self-reliance of laying up a little for the inevitable rainy day has become sort of foolish idealism.

Debt + Spending=Inflation

I was speaking in Tipton High School the other day. During the question and answer period, one bright young man held his hand up and said "Congressman, why do you talk about the national debt? Why, my dad says we owe it to ourselves and it don't amount to anything." Well, there's no need, I'll admit, to worry about the debt except for the following reasons. I think that deficit spending and the value of our dollar are definitely interrelated. Debt and spending means inflation—a balanced budget means a stabilized dollar. This never fails.

You could go over the expenditures of the past 30 years. Every single year that you had a black budget or a budget that perhaps provided some surplus, you've seen that dollar stabilize and even go up in its purchasing power. But every year, without fail, where you have a red budget—unbalanced budget—you find a loss in the purchasing power of the dollar. We haven't had too many budgets that are balanced. Naturally under Franklin Delano Roosevelt we didn't have a single balanced budget. Under Dwight Eisenhower, we had four out of eight. Harry Truman, I think, had two out of four, John Kennedy had none and neither has Lyndon Johnson.

But you can say without exception and you can prove statistically what I say is true, that balanced budgets or deficit spending have a very marked effect on the purchasing value of our dollar. Our dollar today is worth 42 cents, on the basis of the 1939 dollar. In other words, $100 today buys what $42 did in 1939. Inflation affects the cost of government in our state, in our county, in our cities. For example, according to the Taxpayers Association, property tax increased 7.3% during 1965, sales tax 8.7%, corporate taxes 7.5% and individual income taxes 6.3%. I can remember we used to talk about the tax collector—here I refer to the state, county, federal, excise tax and so forth, when they would take 25% of our income. During the year 1965, 35%, almost exactly, of every dollar you earned went to some municipal government in the form of taxes—35%.

Let's talk about that segment of our population hurt most by inflation, those in our society whose incomes are more or less fixed, the retirees, the old folks living on Social Security, the recipients of insurance benefits, the old soldier living on military or VA retirement or that diminishing group of our citizens that simply scrimp and save to provide some source of income for retirement.

And I'm sure many of you will remember those old insurance ads that used to appear in *McCalls*, *Ladies Home Journal* and some of the slick magazines, here was this wonderful old couple I remember so well, hand in hand standing on the beach amidst palm trees, sea gulls flocking around, an ocean in the background, the sun up in the sky and I remember the caption and so do you I'm sure "How you can retire on $100 a month at the age of 65." This insurance company's program was to sell a retirement annuity to provide people with

a $100 a month at age 65. Well, those same ads still exist, same old folks, hand in hand, still smiling, same birds, same palm trees, same ocean and now it says "How you can help your retirement with an income of $300 a month at the age of 65." So I say to you, you as doctors and professional men, and myself as a working man, we're not injured as badly by inflation as the retiree. I say to you this segment of our population is hurt the most.

Another thing about deficit spending, interest rates constantly go up. All the papers are full of 4½% ads and you will also note these in your local banks. The same thing is true of government. We have to pay more money, we have to pay more interest than we dare, to finance, to manage our national debt. It costs the government more and more each year. The cost now approaches 10% of the cost of operation of government.

And finally, in answer to my young friend from the high school class, if we ever fail to manage this massive national debt, now in excess of $325 billion, I would say that every bank in Indiana, every insurance company, every city, every state, your Indiana Medical Association, and every county would be in financial ruin. We all know this. And how would you manage this affair if it should occur? Well, you would have to reorganize your current system and I don't think that can be done under our system of government. In other words, I would say this would entail some change in your form of government, the great thing that we call our American Way of Life.

Dollars Mean Dependency

There are those who favor a powerful central government. Before we came in here, we were talking about one of the Indiana members of Congress who is a great believer. He thinks everything should revolve around a powerful central government in Washington. Now, the people who favor this are fond of blaming our own communities, our state of Indiana, for failing to solve the problem.

"The state of Indiana, the county of so on and so forth has failed to provide these vital services for our people." This is their battle cry. I've heard it a thousand times. And when your states and local communities fail to solve their own problems, in many cases entirely imaginary, it necessitates a further reliance on the federal government. So, my response to these people is where the power and responsibility seems to go, there the money goes.

With increased spending by Washington, the tendency of our officials at a local level, our mayors, our governor and so forth, when they are hard pressed for funds, they look to the federal government. They are subject to tremendous personal pressures. People who live next door to them say "Here, Mr. Mayor, you'd better not do this." Or, I think there emerges a natural attitude of "they're throwing this money around in Washington, or this program is available, therefore I think we ought to get our share." So, I can't say that I blame our local officials. They respond to demands of their own constituents.

So often economy is something that restricts someone else. It happens in somebody elses' town, never your town. It happens in somebody elses' county or someone elses' state, never your state or county. Yes, in the case of we who represent Congressional districts, inevitably, it's in somebody elses' Congressional district, not our own.

Think of it, 86 new programs—86 innovations, new programs, new attempts to solve the problems of our people at $119 billion in cost—one-eighth of it financed by credit cards. This isn't a very pretty picture, is it?

You know how to be popular as a member of Congress? Well, just vote and give everything to everybody and you'll be popular. I can't do this but I assure you that I have just as much compassion as the distinguished members of the medical profession in this room. I just reviewed those 86 programs, described by some as the accomplishments in the first session of the 89th Congress. I would say from a fractional standpoint, I voted for 15% or less—I voted against about 85% of them. I could recite a list of those that I supported or opposed and I would be glad to if you have any questions.

I believe that I can say with a degree of certainty and with almost a total lack of modesty, that if only the bills I voted for had passed, I could assure you that we would have a balanced budget this year, and I think we would have furnished a very well-rounded program to our people. Some of us stand accused of being against everything. I get letters like this—"you're against the people" —because I oppose many of these programs that are sent down by the guild. I would say that this agreement on basic issues and fundamental philosophy of government doesn't imply any blind opposition.

Poverty Programs

I feel confident that my record would indicate just that. I've attacked many of our poverty programs and I'm going to continue to attack them. Not only are they wasteful but they are poorly administered. Just recently we had a high official of government in Indianapolis, who during his press conference, actually mentioned my name and singled me out for some of the statements I made concerning the Job Corps at Camp Atterbury.

Do you think an organization with more employees than it has enrollees is well run? Do you think it is necessary for a government agency for training school dropouts to have one man out of 19 at a salary of $19,000 a year? Do you think a Job Corpsman should receive more salary than a boy carrying an M-14 rifle in Viet Nam? Do you think a Job Corpsman should receive Christmas furloughs, when many of our, and I say this not lightly, gallant young men fighting to defend this nation couldn't come home because they simply couldn't save the money or didn't have the cash or maybe Mom and Dad couldn't send the money to them to come home for a Christmas furlough?

Do you think it is necessary to spend nearly $8,000 a year for an enrollee in the Job Corps here in the U. S.?

I will reveal something that is more or less personal with me. I have a daughter in Butler University. She happens to be occupying the same house as Dr. Schuster's daughter. She lives on campus and I try to dress her pretty well. She doesn't have a car. I just figured up my total cost. Since Butler University is a private school and not publicly endowed, endowed only by individuals, with a tuition of $1,250 per year, my total cost for food, lodging, clothes, books and tuition was just a little under $3,000 a year. Now, how do you compare that with $8,000 in the Job Corps? They don't eat as well. Those old dilapidated barracks at Camp Atterbury certainly aren't the type of housing that they have at the Delta Gamma House. They don't dress as well because they wear fatigues. They don't have the courses of study that they have at Butler University or certainly I hope not. How do you compare these things?

I remember during 1965 we were debating the redistricting of Congressional seats. Any gerrymandering bill which passed the House still resides in the Judiciary Committee of the Senate. Manny Sellers of New York was chairman of the Judiciary Committee. This was the first time I've ever agreed with Manny. I was in favor of this bill. I've always, more or less, been in disagreement with him. He says, "Well, Congressman, if you yield, what does the new 10th district from Indiana look like?" I said, "Like a male octopus in the mating season." This was carried in newspapers from coast to coast. I had one dear friend of mine visiting in Buenos Aires who sent it to me.

The other day I talked about an ostrich study. About these yohos down in Africa who were getting $2,700 to study the sex life of ostrichs or something like that. I said "Well, I think we should let this go until after we finish winning the war against the Viet Cong."

But the statements I made about the Job Corps, that really got public notice. I suggested that we send all these kids to Harvard—it would be cheaper for the taxpayers. I said "Send them all to Harvard for four years and give them an around-the-world vacation when they finish, it'd still be cheaper to the taxpayer."

Well, this official that I was talking about said he was perfectly willing to stand on his record. I'm perfectly willing to run for office on my record of criticism of poor administration of our poverty program. ◄

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References: (1) Schoch, A. G.: Current News in Dermatology, August, 1963; (2) Jillson, O. F., and Baughman, R. D.: Arch. Dermat. 88:409, 1963; (3) Cole, H. N., et al.: J.A.M.A. 130: 1, 1946; (4) MacEachern, W. N., and Jillson, O. F.: Arch. Dermat. 89: 147, 1964.

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(One of a series prepared by Blue Cross-Blue Shield)

1965 was another year of record-breaking growth for Indiana Blue Shield, with new highs established in enrollment at year-end, the number of members receiving benefits, and the dollar amount of benefits provided. Year-end figures also revealed that it was the best year ever in terms of low-cost operating efficiency.

Blue Shield membership totaled 1,554,740 as of December 31, 1965. This represented a net gain of 34,592 for the year, and the membership figure was the largest ever.

A total of $26,939,647 was paid for members' doctor bills in 1965, the largest amount paid out in any one year since the plan was organized. The comparable 1964 total was $25,846,611.

The number of claims paid during the year was also the largest ever, totaling 764,683 as compared to the 1964 figure of 727,020.

Since organization in 1946, Indiana Blue Shield has now paid to doctors a grand total of more than $218 million.

Our operating expense in 1965 continued to decrease, amounting to only 6.2% of income. The 1964 percent was 6.6.

Income from membership fees increased from $27,694,075 in 1964 to $30,625,196 in 1965.

Emphasis during the year continued to be placed upon the sale of broader benefit programs, both to new and existing accounts. As a result of this sales effort, at the end of the year 65% of our membership was enrolled under the preferred or special surgical programs, and 51% under the preferred or special in-hospital medical programs. Sixty-five percent of our account members now have one of the diagnostic x-ray and pathology endorsements. As of December 31, 1965 some 385,000 members were covered by programs based on the Indiana State Medical Association's county schedule resolution #26. That represents 25% of our total membership, and a net gain of 120,000 for the year. Considering the number of members protected by these programs, there have been very few complaints and this cooperative effort continues to be a success.

Blue Cross also had the best year ever. In 1965, a total of $70,887,624 was paid out for 367,139 cases. Of this total, 135,019 were out-patient cases not requiring bed-care. Blue Cross membership was 1,628,384 at the end of the year.

Blue Cross operating expense was 4.4% of income. Income totaled $80,127,608.

Since organization, Blue Cross in 1944 and Blue Shield in 1946, the two Indiana plans have paid out a grand total of more than $794 million in helping Hoosiers solve their health care financing problems. ◄

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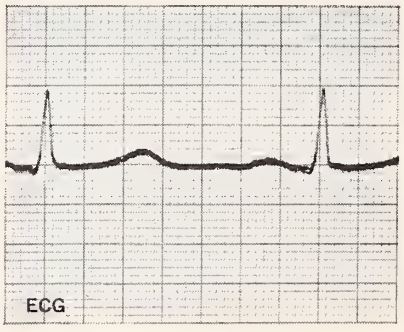
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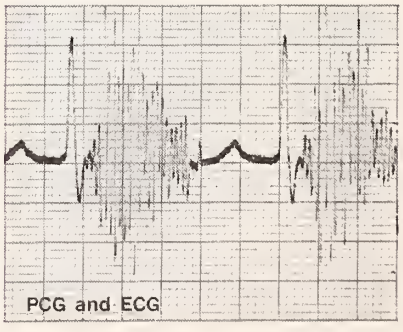
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Medicine At Law

DECISIONS AND OPINIONS

Highlights of recent court actions pertaining to health and medicine from *The Citation* prepared by the Law Division of AMA.

Physician Not Liable for Patient's Internal Bleeding—Directed Verdict for Hospital Reversed to Permit Amendment of Complaint—In a suit for damages against a physician and a hospital for profuse internal bleeding suffered by a patient, allegedly as a result of the physician's failure to ligate a severed blood vessel, a trial court did not err in directing a verdict in favor of the physician, an Illinois intermediate appellate court ruled. However, the judgment entered on a directed verdict in favor of the hospital was reversed, with directions to permit the amendment of the complaint against it.

The physician operated on the patient for a left inguinal hernia. He returned to the hospital later that day, after receiving a call which indicated that the patient had gone into shock, and found that the patient's blood pressure was down considerably. After consulting with another physician who thought that the patient's low blood pressure might be the result of a blood vessel leaking in the original incision, it was decided to reoperate. The consulting physician performed the second operation, assisted by the physician against whom this suit was brought. When nothing in particular was found in the area of the first operation, the abdomen was opened and a large blood clot evacuated. A blood vessel 1/25th of an inch in diameter which had been bleeding was found. It started to bleed again when the clot was removed. The vessel was in a loop of the bowel that had been related to the hernia and had been returned to the abdomen. The vessel was clamped, a ligature put on, and the incision closed.

Both physicians testified that postoperative internal bleeding was a complication of surgery. The physician who performed the first operation testified that he had most likely cut the blood vessel, but unequivocally stated that all vessels were ligated before the incision was closed. The consulting physician presumed that the vessel had been cut, but could not say what had caused it to bleed as it did. He said that the vessel could have been ligated but could later have contracted and slipped out of the ligature. The consulting physician testified that a blood vessel the size of the one in question would be easily visible, and the physician against whom the suit was brought stated that it was not possible that he or the intern who had assisted him had failed to tie every vessel that had been cut. This evidence rebutted any possibility that the physician failed to see the bleeding vessel before closing the incision after the first operation. There was absolutely no evidence in the record that the bleeding vessel had not been tied off. There was, therefore, no evidence of any negligence on the physician's part, and the trial court properly directed a verdict in his favor.

The complaint against the hospital alleged that it was negligent in that it had failed to provide adequate lighting facilities and proper equipment in its operating room. The only evidence concerning inadequate operating room facilities was the testimony of the patient's son that he had heard the physician say to the consulting physician: "There wasn't enough lighting in there; it was dark in there." The evidence was admissible as to only the physician, because there was no evidence that

when he made the statement, which he denied doing, he was the hospital's agent or spoke for it. All of the other evidence in the record was to the effect that all of the operating room facilities, including the lighting, were adequate and normal. On this state of the record, the directed verdict in favor of the hospital was proper, the court said.

However, motions were made on several occasions to amend the complaint against the hospital so as to allege that the hospital had been negligent in failing to supply the physician with properly trained persons to assist him in the first operation, and that they had been negligent in failing to tie off severed blood vessels and in not noticing the patient's postoperative bleeding. The motion was made while the suit was on the trial assignment call, while it was on the dormant calendar, and before the trial court. It was denied each time. The Civil Practice Act provides that amendments to pleadings may be allowed at any time before final judgment. The Act also provides that it is to be liberally construed in order that controversies can be determined according to the substantive rights of the parties. The trial court should have granted the motion, since it was first made a sufficient time before the trial to permit the hospital to prepare its defense. The trial court was not bound by the other judges' prior denials of the motion.

Scardina v. Colletti, 211 N.E. 2d 762 (Ill., Oct. 14, 1965).

Physicians' Expert Witness Fee Not Excessive—A trial court did not abuse its discretion in awarding a fee of $50 to each of four physicians who served as expert witnesses in a suit to recover workmen's compensation benefits, a Louisiana intermediate appellate court ruled. Three of the physicians, orthopedic surgeons who examined the claimant to assess the extent of his disability and to make suggestions for improving his condition, testified by deposition. The fourth physician, the treating physician, appeared and testified at the trial. When a specialist testifies in his office at his convenience, $50 is a reasonable fee. The trial court has the right to fix the fees of expert witnesses, and the amount thereof is left to its discretion. Its award will not be disturbed unless it greatly abused its discretion.

White v. American Employers' Insurance Company, 179 So.2d 542 (La., Oct. 27, 1965; rehearing denied, Nov. 17, 1965).

Insured Denied Recovery Under "Continuous Confinement Within Doors" Provision—An insured was not entitled to recover from his insurer under the clause of the policy providing for the payment of disability benefits when the insured's sickness requires continuous confinement within doors, the North Carolina Supreme Court ruled.

Courts have generally construed "continuous confinement within doors" clauses of health insurance policies as being descriptive of the extent of disability rather than a restriction on the insured's conduct or activities. The policy involved here defined "continuous confinement within doors" as, "confinement of the Insured inside the house because of such sickness, except that the right of the Insured to recover under the policy shall not be defeated because he visits his physician for treatment or goes to the hospital for treatment when such treatment cannot be administered in the house of the Insured."

The evidence established that the insured was totally disabled from his occupation of farming. The insured testified that in accordance with his physician's advice, he walked over level parts of the farm, made trips to the beach, and drove his car to a limited extent. That testimony clearly excluded the insured from coverage under the "continuous confinement within doors" provision, in view of the policy's specific definition of the term.

Walsh v. United Insurance Company of America, 144 S.E.2d 817 (N.C., Nov. 24, 1965).

Claimant not Required to Submit to Surgery to Qualify for Social Security Disability Benefits—A claimant for disability benefits, under the Social Security Act, could not be required to submit to a spinal fusion operation that had been recom-

mended by an orthopedist, the U. S. Court of Appeals for the Fourth Circuit ruled. The orthopedist recommended that the operation be performed if a myelogram disclosed that no diskogenic disease was present. There was evidence that the claimant had a number of objective physicial symptoms which, according to medical authorities, tended to indicate that the claimant probably had some form of diskogenic disease. The orthopedist himself stated that the claimant had signs and symptoms that were slightly suggestive of diskogenic disease. Further, there was no medical evidence showing what was the likelihood that a strong fusion could be effected. The claimant's refusal to submit to the operation was reasonable and he, therefore, could not be denied benefits because of the refusal.

Purdham v. Celebreeze, 349 F.2d 828 (C.A. 4, July 2, 1965).

Diabetes not Occupational Disease Under Workmen's Compensation Act—A claimant whose leg had to be amputated when complications arose in the treatment of his injured ankle as the result of his pre-existing diabetic condition was not entitled to recover workmen's compensation benefits from the Second Injury Fund, the Tennessee Supreme Court ruled. A claimant is entitled to benefits from the Fund only if he has previously sustained a permanent disability. The previously sustained disability must be one that would have supported an award under the Workmen's Compensation Act if it had arisen out of and in the course of the claimant's employment. Diabetes mellitus is not an occupational disease compensable under the Act. Nor is the disease permanently disabling.

Green v. Combustion Engineering, Inc., 395 S.W.2d 810 (Tenn., Nov. 1, 1965). ◄

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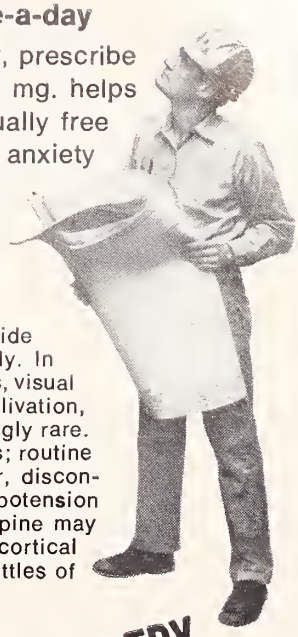
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Side Effects, Precautions, Contraindications: As used for anxiety and tension, side effects are unlikely. Reversible extrapyramidal reactions may develop occasionally. In higher doses for psychotic disorders, patients may experience excessive drowsiness, visual blurring, dizziness, insomnia (rare), allergic skin reactions, nausea, anorexia, salivation, edema, perspiration, dry mouth, polyuria, hypotension. Jaundice has been exceedingly rare. Photosensitivity has not been reported. Blood dyscrasias occur with phenothiazines; routine blood counts are recommended. If symptoms of upper respiratory infection occur, discontinue the drug and institute appropriate treatment. Do not use epinephrine for hypotension which may appear in patients on large doses undergoing surgery. Effects of atropine may be potentiated. Do not use with high doses of hypnotics or in patients with subcortical brain damage. Use cautiously in convulsive disorders. **Available:** 1 mg. tablets. Bottles of 50 and 500. For full information, see Product Brief.

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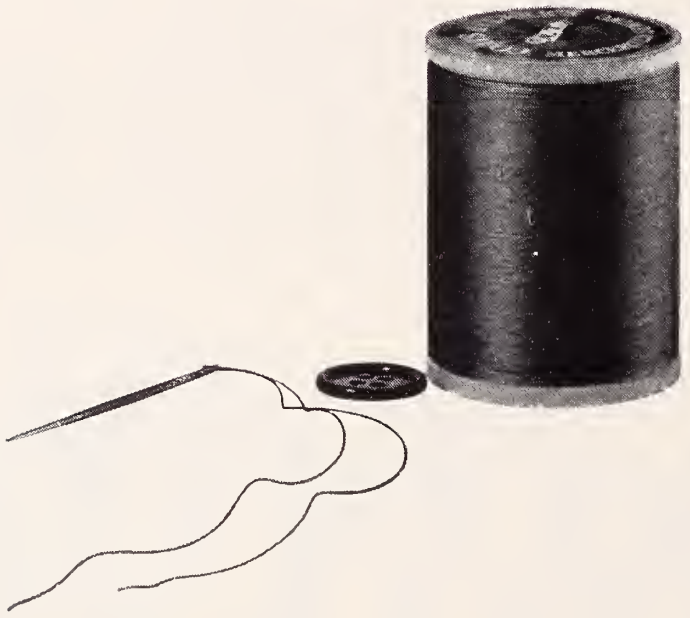
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Side Effects commonly associated with either component are possible but, to the extent these are dose-related, they should normally be mild and infrequent, since the total dosage of each component on the usual one-capsule-daily regimen is quite low. Also, the sedating effect of meprobamate and the stimulating effect of d-amphetamine sulfate tend, to some extent, to cancel each other out. Adverse effects not peculiar to either component have not been reported. Side effects associated with d-amphetamine sulfate include: insomnia, excitability, increased motor activity, confusion, anxiety, aggressiveness, increased libido, hallucinations, rebound fatigue, depression, dry mouth, anorexia, nausea, vomiting, diarrhea and increased cardiovascular reactivity. Effects associated with meprobamate include: skin rash, nonthrombocytopenic purpura with petechiae, ecchymoses, peripheral edema, fever and transient leukopenia; also, very rarely, fainting spells, angioneurotic edema, bronchial spasm, hypotensive crisis, anuria, stomatitis, proctitis and anaphylaxis. Other serious effects have occurred after concomitant administration of meprobamate and other drugs. Massive overdosage may produce grave effects.

Precautions: BAMADEX SEQUELS should be given only under close supervision to patients hypersensitive to sympathomimetic drugs, with cardiovascular or coronary disease or who are severely hypertensive; to emotionally unstable persons and to epileptics. Patients should be cautioned not to drink alcoholic beverages while on the drug, and not to drive vehicles if they become drowsy. In all patients kept on the drug for long periods, the drug should be withdrawn gradually to avoid possible serious reactions.

Contraindications: Hyperexcitability, agitated prepsychotic states and a history of previous reactions to meprobamate.

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Colin B. Cook, 83 The Avenue, London, North 10, England

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Allan S. Hubacker, 1506 Chateaufort Place, Detroit, Mich. 48207—*OB-GYN*

Kenneth W. Teich, Dept. of Psychiatry, 950 E. 59th St., Chicago, Ill. 60637—*OB-GYN*

Marvin D. Silver, 24308 Washington Court, Apt. 29, Farmington, Mich. 48024—*OB-GYN*

Donald W. Deering, 3260 Northeast U. S. Grant Place, Portland, Ore.—*Ophthalmology*

Eugene J. Colangelo, Qtrs. 201 W. Ellington Ave., Mitchell Field, Garden City, N.Y. 11533—*Pathology*

James W. Maxwell, 2925 Edenborn Ave., Metairie, La. 70005—*Pediatrics*

Harold A. Wilkinson, 12 Short St., Apt. #6, Brookline, Mass. 02146—*Neurosurgery*

Raymond Rosen, 7018 Pisgah Drive, Columbia, S. C.—*General Surgery*

Mary Louise McKenzie, 1926 West Harrison, Chicago, Ill.—*Plastic Surgery*

Alejandro Becerra, 88 Shore View Drive, Yonkers, N. Y. 10710—*General and Thoracic Surgery*

Gabriel Lorenzo, 180 E. Delaware, Chicago, Ill. 60611—*General Surgery*

Carl J. Wacker, 1509 Meriden St., Mendota, Ill. 61342—*Pharmaceutical*

David F. Adcock, 1645 Kathwood Rd., Columbia, S. C. 29205—*Industrial-Aviation Medicine*

ADDITIONAL LOCATIONS

Gibson—HAUBSTADT—population 1,200. Located 16 miles from Evansville and Princeton where hospital facilities are available, in the tri-state area of southern Indiana, southern Illinois and northwestern Kentucky—near two major highways U. S. 41 and I-64. One physician in the community. For further information contact Mr. Ted Will, Haubstadt, Ind.

Grant—SWEETZER—population 600. Located close to Marion where hospital facilities are available. No physician in the town. For further information contact Mr. R. H. Allen, Clerk, Town of Sweetzer, Sweetzer, Ind.

St. Joseph—NORTH LIBERTY—population 1,200 —located 15 miles from South Bend. Office for sale or lease. No other physician in the town. Contact O. Walter Calvin, M.D., North Liberty.

Johnson—EDINBURG—population 5,000 with a large potential area. Located ten miles from county hospitals at Franklin and Columbus. Office and housing available. No full-time physician in the town. For further information contact Rev. Carl Boyer, Box 175, Edinburg or Mrs. Dale Amos, Frost Hill, Edinburg. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION
ANNUAL CONVENTION
Date June 26-30, 1966
Place Chicago, Ill.

INDIANA STATE MEDICAL ASSOCIATION
CONVENTION
Date October 10-13, 1966.
Place French Lick, Indiana

AMERICAN COLLEGE OF SURGEONS,
INDIANA CHAPTER
Date April 30-May 1st
Place Ball State University, Muncie

INDIANA ACADEMY OF GENERAL PRACTICE
Date May 3-5, 1966
Place Fort Wayne

INDIANA ACADEMY OF OPHTHALMOLOGY
AND OTOLARYNGOLOGY
Date May 4-5, 1966
Place French Lick Sheraton Hotel, French Lick

INDIANA ASSOCIATION OF PATHOLOGISTS
Date April 16
Place VA Hospital, Indianapolis

INDIANA CHAPTER OF THE AMERICAN
ACADEMY OF PEDIATRICS
Date May 18-19
Place Marott Hotel, Indianapolis

INDIANA HOSPITAL ASSOCIATION
Date Nov. 2-4
Place Marott Hotel, Indianapolis

INDIANA NEUROPSYCHIATRIC
ASSOCIATION
Date Second Wednesday of every month,
October through May
Place The Athenaeum, Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 1
Place Indianapolis

INDIANA STATE ASSOCIATION OF MEDICAL
ASSISTANTS
Date April 22-24
Place Van Orman-Fowler Hotel,
Lafayette, Ind.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month,
September through June
Place For location and program, inquire
Beatty Memorial Hospital, Westville

ABSTRACTS

BOOK REVIEWS

CARDIAC ARREST AND RESUSCITATION

Hugh E. Stephenson, Jr., 2nd Ed., C. V. Mosby Co., St. Louis, Mo., 1964, 501 pages, $15.00.

Like the small boy advised to read a book on penguins who thought this was a bit more than he really wanted to know about penguins, I anticipated this was a bit more than I wanted to know about cardiac arrest.

However it all goes down quite well.

The chapter on prevention alone makes the book worthwhile.

Other areas covered are perspective, mechanism, diagnosis, management, postresuscitative care, complications, incidence, prognosis, elective cardiac arrest, cerebral anoxia and neurologic sequellae, and the future.

The time is past when a physician can approach this problem only as a first-aid procedure. All physicians must be psychologically and scientifically prepared to face this problem.

This book is an in-depth approach to cardiac resuscitation which may be used as a reference for the investigator or as simple background for the practitioner who knows "it can happen here."

ALVIN J. HALEY, M.D.
Fort Wayne

NEUROLOGICAL SURGERY OF TRAUMA

Edited by Arnold M. Meirowsky, Washington, D.C., Office of the Surgeon General, Department of the Army, 1965, 604 pp. with illus., $6.25.

This is a most thorough, detailed, and lavishly illustrated book dealing with all aspects of the surgery of neurological trauma. The authors include 27 distinguished specialists in neurosurgery, neurology, urology, general surgery, physical medicine and rehabilitation, and a historian who has paraplegia. They are veterans of World War II and the Korean War.

Though considerable emphasis is placed on the type of injuries seen more commonly in warfare, civilian type injuries are also thoroughly covered, as in the chapters on lumbar and cervical disk by R. Glen Spurling.

Inspiration chapters in the annals of neurosurgery have been written by the young neurosurgeons who worked in MASH (Mobile Army Surgical Hospital) units close to the battle zones in Korea. They demonstrated that very early definitive neurosurgery is the only effective means of handling acute injury to the central nervous system. In the 1,105 cases of penetrating cranio-

when abnormal capillary permeability and fragility are factors in

bleeding

in such conditions as:

habitual abortion

threatened abortion

purpura (nonthrombocytopenic)

gingivitis

du

cerebral trauma, the mortality was only 7.8%, and in 387 compound wounds of the spinal canal the mortality was only 3.6%, with an incidence of decubitus ulcer of 0%! The mortality figures in World War II were twice that high, and many died before neurosurgical procedures could be performed.

Much credit must go to Dr. Meirowsky who directed the Army's neurosurgery in Korea and who has made certain by this publication that the lessons learned in Korea will not be forgotten. This book is such a complete treatise on the surgery of cranial, spinal and peripheral nerve trauma, and the price is so low, that it is highly recommended to neurosurgeons at all levels of training and experience. It may be obtained from the U. S. Government Printing Office, Division of Public Documents, Washington, D.C. 20402.

JOHN R. RUSSELL, M.D.
Indianapolis

BUSINESS MANAGEMENT OF A MEDICAL PRACTICE

Bernard D. Hirsh, Ll.B., C. V. Mosby Co., St. Louis, Mo., 1964, 190 pages, $7.75

This basically is a how-to-do-it, of value to the young physician or to the mature physician embarking upon a business change. Problems covered are office sharing, association, partnership, hospital contracts, credit buying, renting, practice selling, estate problems, and federal income tax. The last problem is covered so well that one feels qualified to advise after reading this chapter.

Simple contracts and agreements are included with the warning that they are not to be "filled in" and used, but that competent legal advice must be found for each individual case. The samples are to help both the doctor and the lawyer. The author feels his experience with the Law Department of the AMA qualifies him to advise lawyers.

Legal jargon is avoided to assure readability.

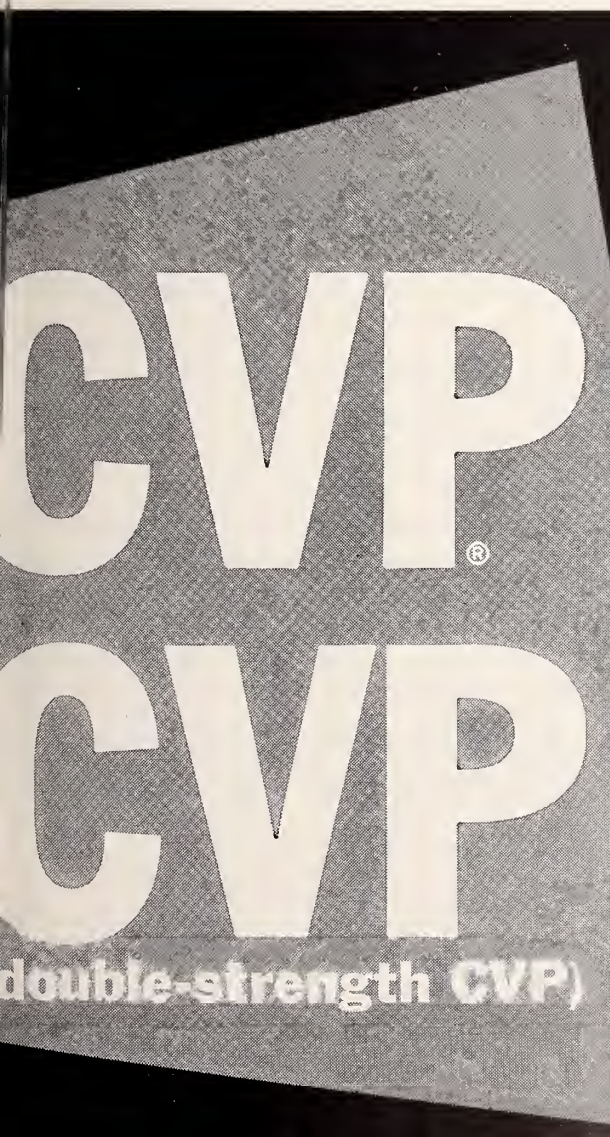
It is a worthwhile book.

ALVIN J. HALEY, M.D.
Fort Wayne

COMPLEMENT

Ciba Foundation Symposium, edited by G. E. Wolstenholme and J. Knight, Little, Brown & Co., Boston, Mass., 1965, 388 pages; many illustrations and tables; $12.50.

The word "complement" was coined at the beginning of this century to describe a complex of many substances that are present in the serum and which complete the antigen-antibody reactions such as bacteriolysis, hemolysis, opsonin responses, etc. Since Ehrlich's original observations, we have come a long way. Biochemists and immunologists have used the latest methods of isotope labeling, x-ray diffraction gratings, chromatographic column scanning, etc. to isolate some dozen distinct sub-



C.V.P. and duo-C.V.P. are believed to act by decreasing abnormal permeability and fragility of capillaries, and thereby reducing bleeding or diapedesis from these vessels.
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tances from the original complex.

Some two dozen distinguished experts in the field gathered to exchange their thoughts and pool their knowledge. The present symposium is only a way-station on their road of progress. They are fully agreed on the enzymic and protein nature of the substances they are examining. The immunologists are not prepared—as yet—to become biochemists able to write the steric formulae for the compounds they are labeling with noncommittal letters. Nobel prizes await the ones who will accomplish the feat.

This volume is well put together and is most "meaty." It is for the specialist; the "ordinary" M.D. will find it neither light reading nor rewarding even if he accomplishes the feat.

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

Abstracts From Various Literature, Prepared by AMA

RABIES EXPOSURE AND TREATMENT OF ILLINOIS VETERINARIANS

E. W. Cavins and G. T. Woods (College of Veterinary Medicine, University of Illinois, Urbana). *J. Amer. Vet. Med. Assoc.* 148:11-13, (Jan.), 1966.

The advisability of pre-exposure rabies immunization for veterinarians and others facing similar risks is worth discussion. Certainly, full treatment consisting of anti-rabies serum and 14 to 21 daily injections of vaccine should be administered in cases of severe wounds or bites inflicted by a rabid animal. But this type of exposure is not common in veterinary practice, and most practitioners are exposed to rabies at necropsy or through casual contact with saliva. Hence, it is recommended that three or four pre-exposure injections of duck embryo vaccine followed by serum neutralization tests be administered to determine the anti-rabies titer. A booster dose may be useful after a strongly suspected exposure.

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PRIMARY SCLEROSING CHOLANGITIS: A STUDY OF 42 CASES

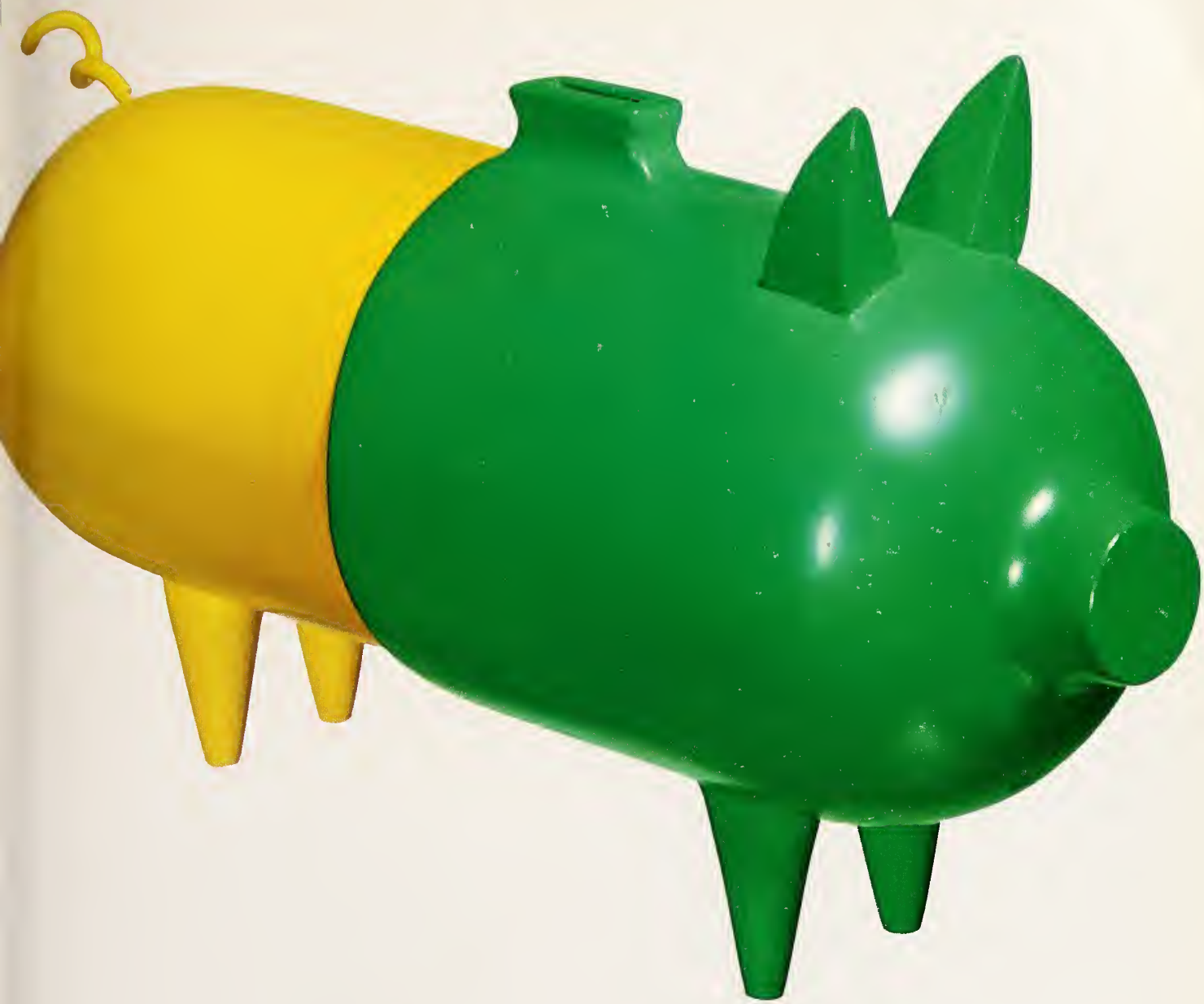
K. W. Warren (Lahey Clinic Foundation, Boston) S. Athanassiades, and J. I. Monge.
Amer. J. Surg. 111:23-38, (Jan.), 1966.

The resemblance of the gross pathological changes of primary sclerosing cholangitis to those of cholangiocarcinoma is pointed out, and the importance of differential diagnosis of these two diseases at operation is emphasized. Forty-two patients with primary sclerosing cholangitis were studied in four groups: 12 patients who also had ulcerative colitis; 15 who had had biliary surgery, with gallstones found in 14; four who had severe periportal inflammation; and 11 who had no other intra-abdominal or general disease. The diagnosis is usually made at operation from the characteristic gross appearance of the bile ducts, namely, thickening and induration of the duct wall and narrowing of the ductal lumen, involving the entire extrahepatic biliary tract in the majority of cases. Surgical treatment is limited to decompression of the biliary tree by external or internal drainage, removal of stones if present, and total colectomy if the primary sclerosing cholangitis is associated with ulcerative colitis. The disease carries an unfavorable prognosis, progressing in the majority of cases to biliary cirrhosis and death from liver failure or bleeding esophageal varices within several years from its onset.

ECHOENCEPHALOGRAPHY IN THE DIFFERENTIAL DIAGNOSIS OF CEREBRAL HEMORRHAGE AND INFARCTION

V. S. Achar, R. P. K. Coe, and J. Marshall (West Middlesex Hosp., Queen's Square, London).
Lancet 1:161-164, (Jan. 22), 1966.

Echoencephalography was carried out in a consecutive series of 84 patients with acute completed stroke. A shift of the midline structures of more than 3 mm was found in ten out of 13 patients with cerebral hemorrhage; in none of 18 patients with embolism; and in two of 51 patients with nonembolic infarction. Echoencephalography is a useful tool in distinguishing between cerebral hemorrhage and infarction. ◄



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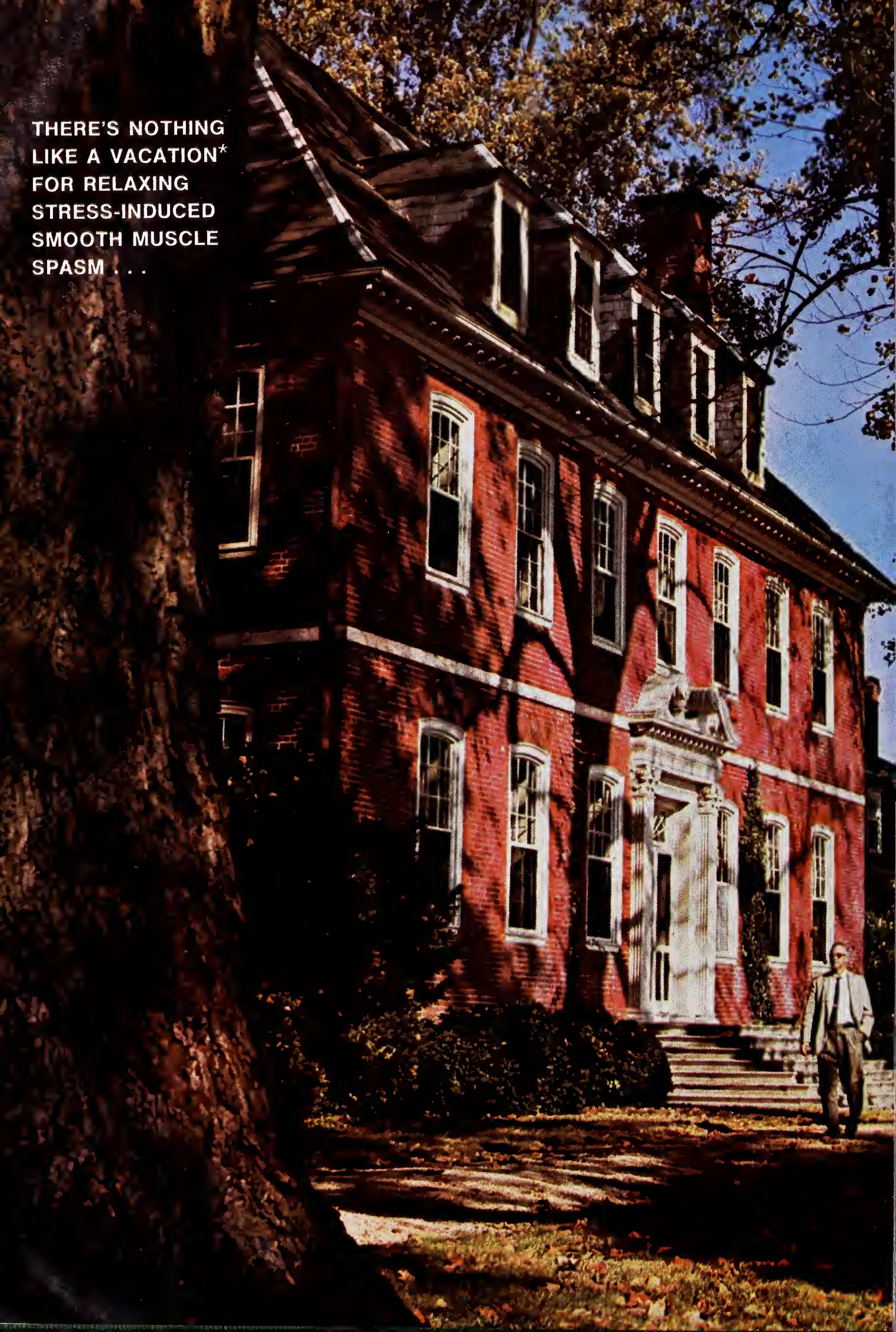
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STRESS-INDUCED
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There's nothing quite like a vacation to ease the pressures of the modern, "workingday" world. And for the patient who can't get away from it all, there's nothing quite like Donnatal to relax stress-induced smooth muscle spasm. For 31 years it has been the antispasmodic-sedative most often prescribed for relieving functional disturbances of tone and motility of the gastrointestinal tract.

belladonna alkaloids in optimally balanced ratio

In Donnatal, natural belladonna alkaloids are rationally balanced in a specific, fixed ratio that provides "the greatest efficacy with the smallest possible dose."[1] They avoid the clinical uncertainties of the variable tincture and extract of belladonna, and are considered superior in range of action to atropine alone.[2] Furthermore, they are generally recognized as being more effective than the synthetics for relieving visceral spasm.

phenobarbital for sedation

Years of clinical use have established phenobarbital as one of the most efficient and highly regarded sedatives. In fact, for general sedation it is the drug of choice.[3] In Donnatal, phenobarbital potentiates the spasmolytic effects of the belladonna alkaloids, lessening emotional tensions and checking the neurogenic impulses that trigger GI disorders.

more than 24 indications in PDR

Donnatal has withstood the test of time to become the classic sedative-antispasmodic because of its unsurpassed effectiveness, safety, economy, uniformity of composition, and dosage convenience. Its widespread acceptance and usage by the profession can also be attributed to its versatility in treating disorders characterized by smooth muscle spasm. There are more than two dozen distinct and separate indications for Donnatal listed in the current PDR.

IN EACH TABLET, CAPSULE, OR (5 cc.) OF ELIXIR

hyoscyamine sulfate	0.1037 mg.
atropine sulfate	0.0194 mg.
hyoscine hydrobromide	0.0065 mg.
phenobarbital	(1/4 gr.) 16.2 mg.

(warning: may be habit forming)

IN EACH EXTENTAB

hyoscyamine sulfate	0.3111 mg.
atropine sulfate	0.0582 mg.
hyoscine hydrobromide	0.0195 mg.
phenobarbital	(3/4 gr.) 48.6 mg.

(warning: may be habit forming)

BRIEF SUMMARY: Blurring of vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur on higher dosage levels, rarely on usual dosage. Administer with caution to patients with incipient glaucoma, or urinary bladder neck obstruction. Contraindicated in acute glaucoma, advanced renal or hepatic disease, or a hypersensitivity to any of the ingredients.

REFERENCES: 1. Vollmer, H.: Arch. Neurol. and Psychiat., 43:1057, 1940. 2. Morrissey, J.H.: J. Urology, 57:635, 1947. 3. Krantz, J.C., Jr., and Carr, C.J.: Pharmacological Principles of Medical Practice, 2nd ed., Baltimore (1954), 552.

*This one at Westover, elegant Colonial Virginia plantation, located on the James River near Richmond. Built in the early 1730's by William Byrd II, founder of Richmond, it is now the home of Mrs. Bruce Crane Fisher.

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HISTORY OF MEDICINE SOCIETY WILL HEAR DR. BENJAMIN SPECTOR SPEAK

Speaker at the May 11 meeting of the John Shaw Billings History of Medicine Society will be Dr. Benjamin Spector, of Boston.

Dr. Spector, past-president of the American Association of the History of Medicine, will speak on "Medical History in the Making: 1935-1955." Dinner is served at 7:30 p.m.; the speaker is scheduled for 8:30 p.m. The meeting will be at the Marott Hotel.

Two Physicians Become Fellows

Drs. James Grove of South Bend and William J. Stangle of Bloomington became Fellows of the American College of Radiology at the organization's annual meeting in Chicago early in February.

Indiana Sesquicentennial Commission Establishes Speakers' Bureau

The Indiana Sesquicentennial Commission has established a speakers' bureau and will furnish a list of speakers who are prepared to speak on a variety of subjects of historical interest to any gatherings in the state.

Write the Commission in care of Room 101, State Office Building, Indianapolis.

Dr. Craft Speaks on Panel

Dr. Kenneth L. Craft, Indianapolis, attended the recent meeting of the Southwest Allergy Forum at El Paso, Texas, where he participated in a panel discussion on "Otolaryngologic Allergy."

Following the meeting, many of those present enjoyed a scenic tour through the mountains and canyons of Mexico to Los Michos, on the West Coast.

Columbia University Press Movie Warns Teenagers Against Smoking

Columbia University Press has produced a 16mm motion picture to warn teenagers against smoking. It is suitable for junior and senior high schools, and is available for purchase.

The film is in color and combines live action and animation. Title: "Smoke, Anyone?" Full information may be obtained by writing Center for Mass Communication, 1125 Amsterdam Ave., New York City 10025.

1966 Summer Camp for Diabetic Children Will Be July 17-August 7

The summer camp for diabetic children will be conducted for the eighteenth year under the auspices of the Diabetes Association of Greater Chicago from July 17th through August 7th, at Holiday Home, Lake Geneva, Wisconsin. Boys and girls from eight to 14 years of age are eligible.

As in previous years, the camp will be staffed by resident physicians, a nurse, two dietitians and a laboratory technician, in addition to the regular counseling and domestic staff of Holiday Home.

Rates for summer camp are arranged in accordance with individual circumstances.

Applications may be obtained from, and inquiries should be directed to: Diabetes Association of Greater Chicago, 620 N. Michigan Ave., Chicago, Illinois 60611.

Academy of Psychosomatic Medicine Announces Annual Award Contest

The Academy of Psychosomatic Medicine announces the annual award contest for the best paper (not over 4,000 words) on a clinical or research subject in the field of psychosomatic medicine.

The winner will deliver his paper at the 13th annual convention of the Academy of Psychosomatic Medicine in Las Vegas, Nevada, December, 1966, and the paper will be published in *Psychosomatics*, the official journal of the Academy.

The winner's travel expenses will be paid to and from the meeting. The committee reserves the right to submit all articles including the winning entry, to *Psychosomatics*, the official Academy journal. Manuscripts not accepted for publication will be returned to their authors.

The deadline date for submission of manuscripts is August 1, 1966. For full particulars write to Benjamin Schneider, M.D., Chairman, 123 E. Market Street, Danville, Pa.

Roy K. Hunteman Awarded SKF Foreign Fellowship

Roy K. Hunteman of Indianapolis, a junior student in Indiana University School of Medicine, has been awarded a Smith Kline & French Foreign

Fellowship, which will provide him with ten weeks experience in the medical activities of the Creighton-Freeman Christian Hospital, at Vrindaban, India.

Mr. Hunteman is one of 35 U. S. medical students afforded such an opportunity this year, and one of 215 students who have benefited from foreign fellowships of this nature during the past seven years in 48 foreign countries.

Van Meter Prize Award Announced By American Thyroid Association

The American Thyroid Association again offers the Van Meter Prize Award of $500.00 to the essayist submitting the best manuscript of original unpublished work concerning "Goiter—Especially its' Basic Cause." The study may relate to any aspect of the thyroid gland in all its' functions in health or disease, and may concern either clinical or research investigations.

The manuscript should not exceed 3,000 words and must be in English. Four typewritten copies, double-spaced should be sent to the secretary not later than July 1, 1966. The award will be made at the annual meeting of the American Thyroid Association at the Drake Hotel, Chicago, Illinois October 13-15. A place on the program will be reserved for the winning essayist's presentation.

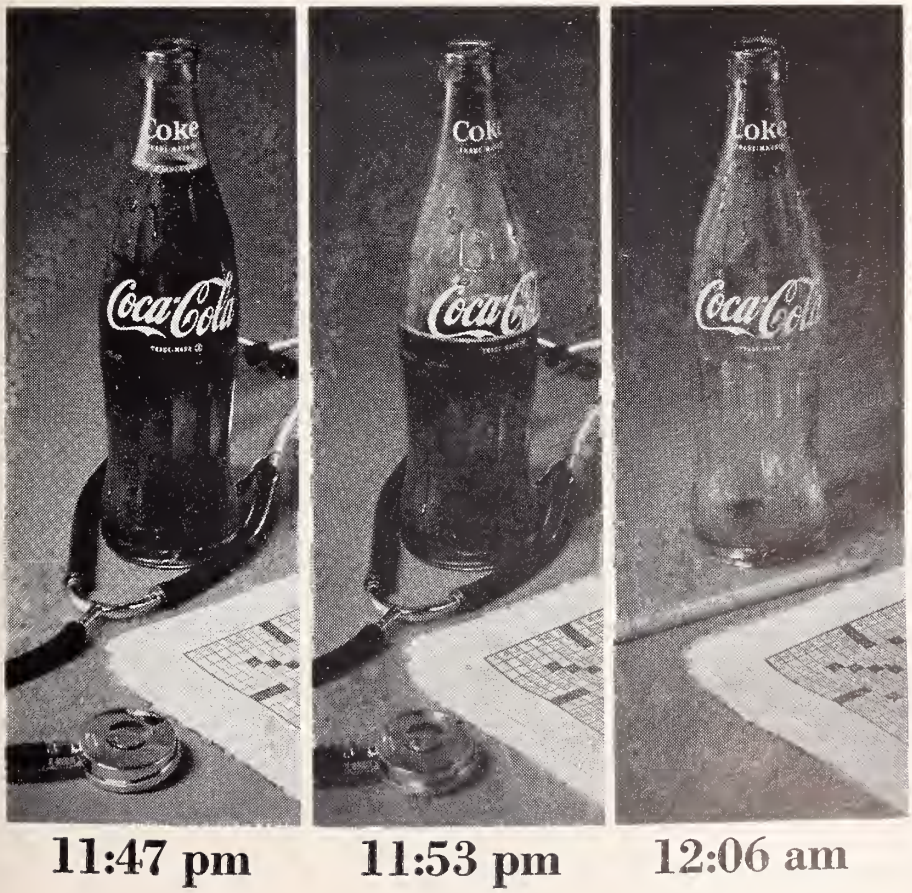
It is suggested that the author also submit a 300-word abstract. The manuscripts not selected then can be considered for the general program. Submit manuscripts to Theodore Winship, M.D., Secretary, American Thyroid Association, 110 Irving St., N.W., Washington, D.C. 20010.

Four Indiana Physicians on 60-day Tour of Duty at Project Viet-Nam

Four Indiana physicians are on a 60-day period of service with Project Viet-Nam.

Dr. John J. Hartman, Angola, left the United States on March 3 and Drs. Andrew J. Bacevich, Hammond and Daniel E. McLaren, Indianapolis, left for South Viet-Nam on March 15.

Dr. Gilbert H. White of Hammond, is also in Viet-Nam for a 60-day tour of duty with the group of volunteer physicians who are reinforcing the civilian doctors of that country in caring for the populace. ◄



The meaningful pause. The energy it gives. The bright little lift. Coca-Cola with its never too sweet taste, refreshes best. Helps people meet the stress of the busy hours. This is why we say things go better with Coke
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SIGNEM

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Indications: Indicated in the therapy of acute severe infections caused by susceptible organisms and primarily by bacteria more sensitive to the combination than to either component alone. In any infection in which the patient can be expected to respond to a single antibiotic, the combination is not recommended. Signemycin should not be used where a bacteriologically more effective or less toxic agent is available. *Triacetyloleandomycin, a constituent of Signemycin, has been associated with deleterious changes in liver function.* See precautions and adverse reactions.

Contraindications: Contraindicated in individuals who have shown hypersensitivity to any of its components. Not recommended for prophylaxis or in the management of infectious processes which may require more than 10 days of continuous therapy. If clinical judgement dictates therapy for longer periods, serial monitoring of liver function is recommended. Not recommended for subjects who have shown abnormal liver function tests, or hepatotoxic reactions to triacetyloleandomycin.

Precautions and Adverse Reactions: Triacetyloleandomycin, administered to adults in daily oral doses of 1.0 gm. for 10 or more days, may produce hepatic dysfunction and jaundice. Adults requiring 3 gm. of Signemycin initially should have liver function followed carefully and the dosage should be reduced as promptly as possible to the usual recommended range of 1.0 to 2.0 gm. per day. Present clinical experience indicates that the observed changes in liver function are reversible after discontinuation of the drug. Use with caution in lower than usual doses in cases with renal impairment to avoid accumulation of tetracycline and possible liver toxicity. If therapy is prolonged under such circumstances, tetracycline serum levels may be advisable. In long term therapy or with intensive treatment or in known or suspected renal dysfunction, periodic laboratory evaluation of the hematopoietic, renal and hepatic systems should be done. Formation of an apparently harmless calcium complex with tetracycline in any bone forming tissue may occur. Use of tetracycline during tooth development (3rd trimester of pregnancy, infancy and early childhood) may cause discoloration of the teeth. Reversible increased intracranial pressure due to an unknown mechanism has been observed occasionally in infants receiving tetracycline. Glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and definite allergic reactions occur rarely. Severe anaphylactoid reactions have been reported as due to triacetyloleandomycin. Photosensitivity and photoallergic reactions (due to the tetracycline) occur rarely. Medication should be discontinued when evidence of significant adverse side effects or reaction is present. Patients should be carefully observed for evidence of overgrowth of nonsusceptible organisms including fungi, which occurs occasionally, and which indicates this drug should be discontinued and appropriate therapy instituted. Steps should be taken to avoid masking syphilis when treating gonorrhea.



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FUTURE MEETINGS, SEMINARS, COURSES

Indiana Academy of General Practice Annual Meeting in May

The Indiana Academy of General Practice 18th annual meeting will be May 3, 4 and 5 in Fort Wayne.

The complete program is involved with therapy. Topics included will be "Obesity and Current Therapy"; "Ovarian Dysfunction"; Current Therapy of Diabetes"; "Rheumatoid Arthritis"; "Medical Diseases of the Thyroid"; "Current Therapy of Adult and Pediatric Infectious Diseases" and current therapy of hypertension, vascular disease, edema and congestive heart failure.

The program committee consists of Drs. Frederic Schoen, Ft. Wayne and Ross Egger, Middletown.

Third Annual Midwest Conference Of Anesthesiology April 28-30

"Metabolism: Science and Practice in Anesthesia" will be the topic of the Third Annual Midwest Conference of Anesthesiology sponsored by the Illinois Society of Anesthesiologists. The meeting will be held at the Continental Plaza Hotel, Chicago, April 28-30.

The highlight of the meeting will be the presentation of the Ralph Waters Award to Sir Ivan Magill, of London, England, for his outstanding contributions in the field of anesthesiology.

For further information and registration, contact T. L. Ashcraft, M.D., 33 Cedar, Chicago, Illinois 60611.

Tri-State Hospital Assembly's 36th Annual Assembly in Chicago

The Tri-State Hospital Assembly which represents hospital and allied interests in Indiana, Michigan, Illinois and Wisconsin will hold its 36th Annual Assembly from May 9 to 11, at the Palmer House, Chicago. A registration of over 9,000 is expected. Advance registrations are advised.

Program details, hotel and meeting registrations may be obtained by writing the Assembly at 400 N. Michigan Ave., Chicago 60611.

First International Congress on Smoking and Health to be in June

The First International Congress on Smoking and Health will be held at the New York Hilton Hotel on June 5 to 7. Authorities will discuss all aspects of the problem, with special emphasis on the importance of education.

Further information may be obtained by writing the Congress in care of Overseas Press Club, 54 W. 40th St., New York City 10018.

Postgraduate Symposium on Rheumatic Diseases Set in April

The University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation are sponsoring the second postgraduate Symposium on Rheumatic Diseases on Thursday, April 28, in the Rankin Ampitheatre, Louisville General Hospital, University of Louisville Medical Center. The Conference will be designed to cover the "Acute Inflammatory Arthritides." Topics to be considered will be: gout; pseudogout; Reiter's syndrome and gonococcal arthritis; Palindromic rheumatism and other rare forms of articular inflammation; and synovial fluid analysis.

The program is acceptable for continuation study credit by American Academy of General Practice. There will be no tuition fee. For further information, registration form and a program, please write to the Symposium Program Committee, Kentucky Arthritis Foundation, 209 Speed Building, Louisville, Kentucky 40202.

Radiological Interpretation of Urinary Tract Pathology Course

Radiological interpretation of urinary tract pathology will be the subject of a postgraduate course at the University of Wisconsin Medical Center May 4 to 6. Consultants from various centers over the U. S. will participate in the program.

Write Dr. Thomas C. Meyer, Room 413, Extension Bldg., 432 N. Lake St., Madison, Wisconsin 53706 for further details.

ISMA Members Invited to Rheumatic Diseases Seminar

There will be a Postgraduate Seminar on Rheumatic Diseases, to which all members of ISMA are invited, at the Sheraton-Blackstone Hotel, Chicago, on May 6 and 7. The Illinois Chapter of the Arthritis Foundation is sponsor.

Outstanding physicians from throughout the U. S. will be participating. The program is accepted for 10 accredited hours by the American Academy of General Practice. Registration fee is $25.00. Further information is available by writing the Foundation at 159 N. Dearborn St., Chicago 60601. ◄

County, District News

Allen

The Allen County Medical Society met Feb. 1st to hear Dr. Hyman J. Zimmerman, Washington, D. C., discuss "Differential Diagnosis of Jaundice." There were 102 members attending.

Cass

Dr. Warren McClure, Kokomo, spoke before the Feb. 7 meeting of the Cass County Medical Society on the subject of I-HOPE. Thirty-one members and guests attended.

Carroll

Speaker at the Feb. 16th meeting of the Carroll County Medical Society was Dr. Jere D. Guin, Kokomo. Dr. Guin's topic was "Atopic Eczema."

Clark

Dr. William R. Greene is the new president of the Clark County Medical Society. Assisting him will be Drs. Kim Oca as vice-president; Robert K. McKechnie, secretary-treasurer; Eli Goodman, delegate and Dr. Greene, alternate.

Grant

Dr. Curt Dohan, Corporate Medical Director of the Radio Corporation of America spoke on "Smog, Satellites and Health" at the Feb. 22 meeting of the Grant County Medical Society.

Henry

The Henry County Medical Society met Feb. 17 to hear Dr. Richard Powell, Indianapolis, speak on "Newer Concepts in Diabetes." Nineteen members attended.

Jay

Dr. Samuel Mercer, Fort Wayne, spoke on "Skin Diseases" before the Feb. 2nd meeting of the Jay County Medical Society.

Johnson

A 30-minute film on "Examination of the Acute Abdomen in an Infant" was shown at the Feb. 16th meeting of the Johnson County Medical Society.

Lake

Dr. Andrew C. Offutt, of the Indiana State Board of Health, discussed "Medicare, Title 18 and 19" with the members present at the Feb. 23rd meeting of the Lake County Medical Society.

Montgomery

"Congenital Heart Disease in Adults" was the topic chosen by Dr. Edward Steinmetz, Indianapolis, when he spoke before the Feb. 17 meeting of the Montgomery County Medical Society.

Owen-Monroe

New officers of the Owen-Monroe County Medical Society are: Drs. William Lundblad, president; William C. Link, vice-president; Charles Emery, secretary; Glenn B. Mather, treasurer; J. A. Creek and Roger Roof, delegates and Harold Manifold and Thomas Skrentny, alternates.

Porter

The Porter County Medical Society has elected Dr. Robert L. Koenig, president and Dr. Alfred J. Kobak, Jr., secretary-treasurer.

Shelby

A symposium on hiatus hernia highlighted the Feb. 2nd meeting of the Shelby County Medical Society.

Tippecanoe

Dr. George M. Underwood, Lafayette, is the new president of the Tippecanoe County Medical Society. Other officers are: Drs. Phillip W. Rothrock, vice-president; Mary K. Ade, secretary; B. Z. Klatch, treasurer; R. B. DuBois and F. J. Babb, delegates and W. R. Van Den Bosch and W. E. Bailey, alternates.

Wabash

The Wabash County Medical Society's new officers are Dr. John R. Dragoo, Wabash, president



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MONARCH

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and Dr. Fred Poehler, LaFontaine, secretary.

Wayne-Union

Dr. John Scofield, Indianapolis, discussed the problems of "Adolescence" with the members of the Wayne-Union County Medical Society at its Feb. 8 meeting.

Wells

New officers of the Wells County Medical Society are Drs. Charles E. Boonstra, president; David G. Pietz, vice-president; William E. Symon, secretary-treasurer; Truman E. Caylor, delegate and Dr. Boonstra, alternate.

White

Dr. Warren V. Morris is the new president; Dr. Stanley E. McClure, vice-president and W. Martin Dickerson, secretary-treasurer of the White County Medical Society. Dr. Dickerson will be delegate and Dr. Nolan A. Hibner, alternate.

Whitley

The Whitley County Medical Society met Feb. 8 to hear Dr. John L. Langohr, Columbia City, speak on "Early Treatment of Burns." ◄

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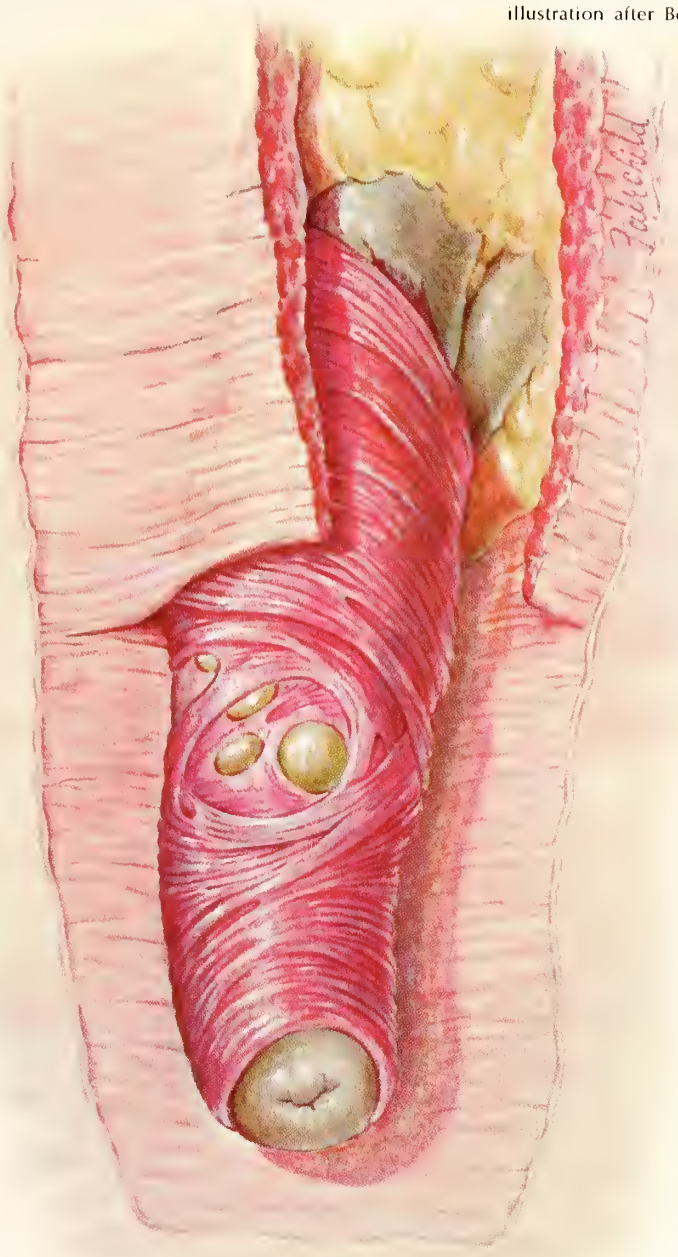
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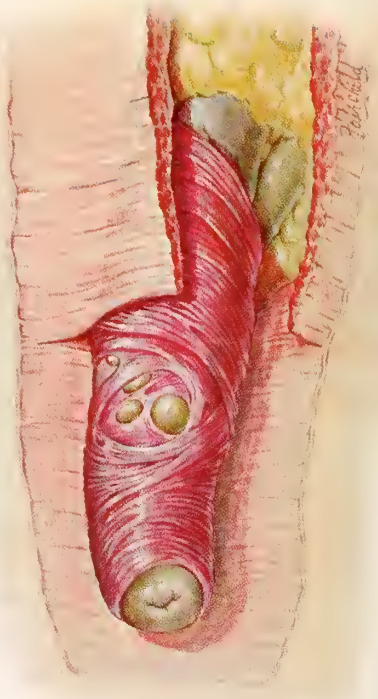
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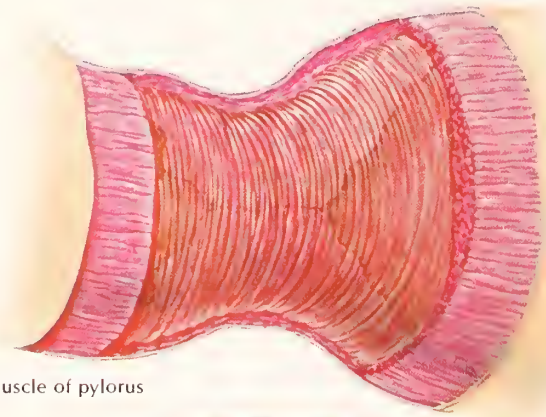
INDICATIONS: Smooth muscle spasmolytic for use in spastic colon, spastic conditions of the gastrointestinal tract, biliary dyskinesia, cholecystitis, spasm associated with peptic ulcer,* achalasia, pylorospasm, spasm attendant to diarrhea, spastic conditions of the genitourinary tract attributable to inflammation and calculi, certain primary dysmenorrheas and as an aid in cystoscopic, esophagoscopic and gastroscopic examinations. DOSAGE: One tablet after meals 1 to 3 times daily at discretion of physician. When treating spasm associated with peptic ulcer, achalasia or pylorospasm, administer tablets ½ hour before meals. In dysmenorrhea, one tablet 3 times daily starting at onset of discomfort. PRECAUTION: Caution is recommended when using in hypotensive patients. SIDE EFFECTS: In common with other smooth muscle depressants, Spacolin temporarily lowers blood pressure.

*Antacid and dietary measures are of primary importance in ulcer treatment and should not be neglected.

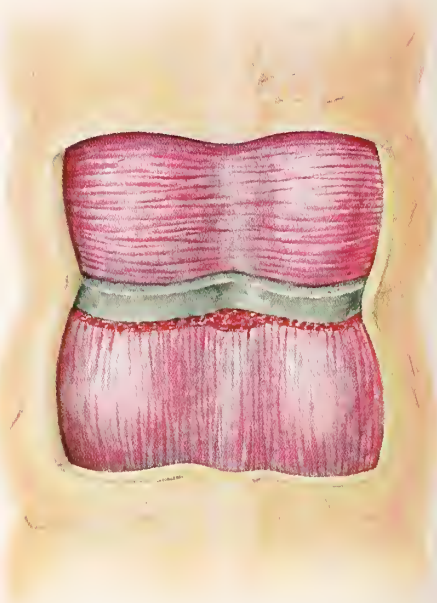
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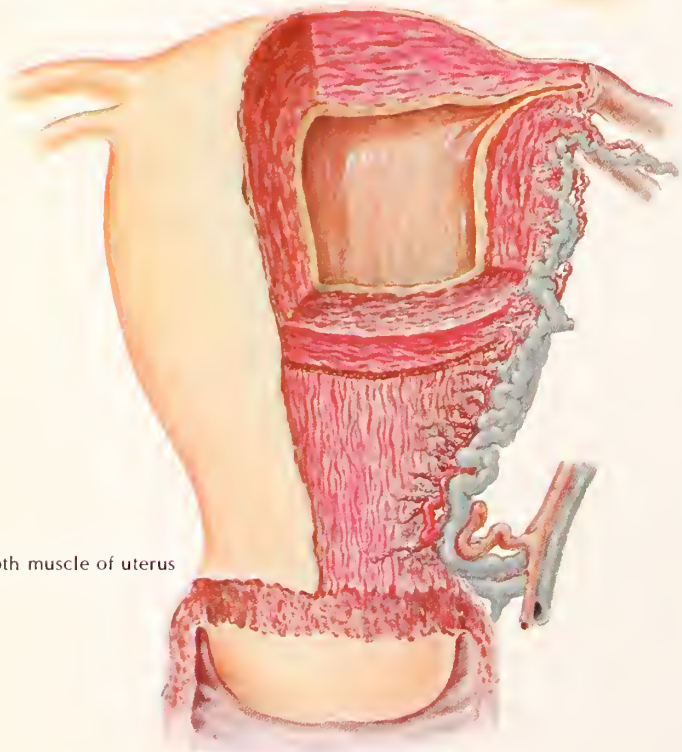
smooth muscle sphincter of Oddi



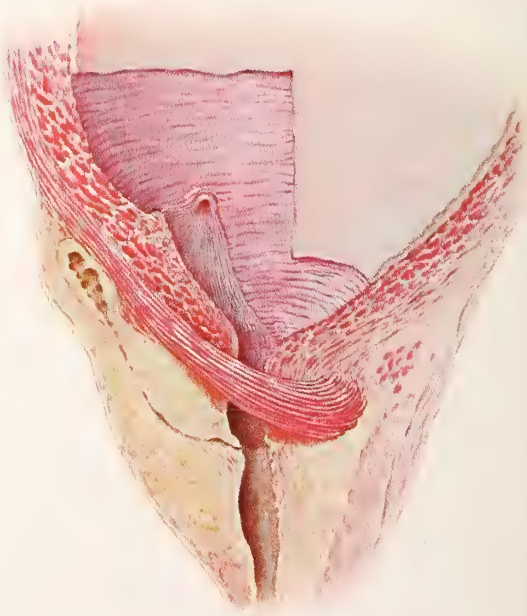
smooth muscle of pylorus



smooth muscle of colon



smooth muscle of uterus



smooth muscle of urinary bladder

Deaths

Benjamin L. Balingit, M.D.

Dr. Benjamin L. Balingit, Michigan City, died Nov. 16, 1965, at the age of 49.

Dr. Balingit was graduated from the University of Santo Thomas, The Philippines and specialized in industrial medicine and pulmonary diseases. He was a member of the LaPorte County Medical Society.

Earl E. Brock, M.D.

Dr. Earl E. Brock, Anderson physician and resident for 54 years, died Feb. 14 at his home. He was 80.

Graduated from the University of Cincinnati School of Medicine in 1910, Dr. Brock was a Senior Member, member of the ISMA 50-Year Club and the Madison County Medical Society.

Thomas E. Carneal, M.D.

Dr. Thomas E. Carneal, 80, a Winamac physician and surgeon the last 45 years, died Jan. 30 in the Pulaski County Memorial Hospital.

Dr. Carneal, who began his practice in Winamac in 1920, was graduated from the Loyola University School of Medicine in 1913 and practiced seven years in Illinois before moving to Indiana. He was county coroner and health officer for several years. A Senior Member and member of the ISMA 50-Year Club, Dr. Carneal was also a member of the Pulaski County Medical Society.

Arnold Duemling, M.D.

Dr. Arnold Duemling, 64, a retired Fort Wayne physician and former member of the Duemling Clinic there, died Jan. 26 in the Veterans Administration Hospital at Fort Wayne.

Dr. Duemling was a native of Milwaukee but resided in Fort Wayne most of his life. He was graduated from the I. U. School of Medicine in 1927 and studied surgery at the University of Michigan prior to joining the staff at the clinic. He was elected chairman of the ISMA surgical section and served as a member of the Indiana State Board of Health from 1953 to 1956. He was a member of the Allen County Medical Society.

William H. Hoppenrath, M.D.

Dr. William H. Hoppenrath, 95, Senior Member and member of the ISMA 50-Year Club, died Jan. 26 at his home in Elwood.

Graduated from the Detroit College of Medicine and Surgery in 1893, Dr. Hoppenrath had been retired for some years. He was a member of the Madison County Medical Society.

Donald C. McClelland, M.D.

Dr. Donald C. McClelland, retired Lafayette physician, died Feb. 2 at Home Hospital. He was 78 and had been retired since 1960.

Dr. McClelland was a radiologist, surgeon and x-ray and radium therapy specialist for 49 years. He was graduated from the Miami College of Medicine in 1911 and joined the Arnett Clinic in 1924. He was radiologist at St. Elizabeth Hospital for 41 years and for Home Hospital for 24 years. He was a member of the Tippecanoe County Medical Society and the ISMA 50-Year Club.

Wallace B. Sargent, M.D.

Dr. Wallace B. Sargent, 63, formerly of Hammond, died February 6 in Russellville, Alabama, where he had been living.

Graduated from the Harvard Medical School in 1928, Dr. Sargent went to Hammond in 1958 from Sheffield, Alabama. He was a member of the Lake County Medical Society and specialized in otolaryngology.

Talmage L. Wilson, M.D.

Dr. Talmage L. Wilson, 71, Bloomington ear, nose and throat specialist, died Oct. 7, 1965.

He was graduated from the University of Pennsylvania School of Medicine in 1926 and practiced in Bloomington for many years. He was a member of the Owen-Monroe County Medical Society.

William P. Woods, M.D.

Dr. William P. Woods, 88, Evansville physician who helped found the Lions Club and in 1917 was first president of Lions International, died Jan. 28 in Deaconess Hospital.

Dr. Woods was graduated from the College of Physicians and Surgeons in Chicago in 1904. He had been a staff member at Deaconess Hospital for 60 years when he retired in 1964. He was a member of the ISMA 50-Year Club, a Senior Member and member of the Vanderburgh County Medical Society. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—February, 1966

Disease	Feb. 1966	Jan. 1966	Dec. 1965	Feb. 1965	Feb. 1964
Animal Bites	326	288	460	329	396
Chickenpox	1029	651	389	743	608
Conjunctivitis	154	93	101	116	139
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	196	100	55	29	204
Gonorrhea	346	377	432	267	333
Impetigo	101	70	129	100	130
Infectious Hepatitis	49	39	46	70	46
Infectious Mononucleosis	97	62	79	94	62
Influenza	1243	1174	1305	1301	1060
Measles (Rubeola-Rubella)	1000	469	306	320	2054
Meningitis, Meningococcal	7	4	5	4	5
Meningitis, Other	4	6	7	9	7
Mumps	436	388	168	335	843
Pertussis	7	0	0	32	16
Pneumonia	310	289	418	299	226
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	2287	768	589	753	647
Syphilis					
Primary & Secondary	8	6	14	9	3
All Other Syphilis	76	86	86	80	103
Tinea Capitis	11	29	15	9	21
Tuberculosis (Active)	62	93	105	87	78

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Association Business

THE COUNCIL

January 23, 1966

The Council of the Indiana State Medical Association convened for its January meeting at 10:00 a.m., Sunday, January 23, 1966, in the headquarters office, 3935 North Meridian St., Indianapolis, with Dr. E. T. Edwards, the chairman, presiding.

Roll call showed the following present:

Councilors:

First District—P. J. V. Corcoran, Evansville
Second District—E. T. Edwards, Vincennes
Third District—Donald M. Kerr, Bedford
Fourth District—Jack E. Shields, Brownstown, alternate (also AMA delegate)
Fifth District—V. Earle Wiseman, Greencastle
A. W. Cavins, Terre Haute, alternate
Sixth District—Not represented
Seventh District—Albert M. Donato, Indianapolis
Eighth District—Donald R. Taylor, Muncie
Ninth District—Peter R. Petrich, Attica
Tenth District—Lowell H. Steen, Whiting
Lee Trachtenberg, Hammond, alternate
Eleventh District—Lowell J. Hillis, Logansport
Twelfth District—Milton F. Popp, Fort Wayne
William R. Clark, Fort Wayne, alternate
Thirteenth District—Otis R. Bowen, Bremen

Officers:

Kenneth O. Neumann, Lafayette, president
Eugene S. Rifner, Van Buren, president-elect
Ottis N. Olvey, Indianapolis, treasurer
Lester H. Hoyt, Indianapolis, assistant treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor

Executive Committee:

Ralph V. Everly, Indianapolis, chairman
G. O. Larson, LaPorte, member

Guests:

Harold C. Ochsner, Indianapolis, AMA delegate
James H. Gosman, Indianapolis, AMA alternate delegate
Robert M. Brown, Marion, AMA alternate delegate
Dwight W. Schuster, Indianapolis, AMA alternate delegate
Glenn W. Irwin, Jr., Indianapolis, dean, I.U. School of Medicine
A. C. Offutt, Indianapolis, State Health Commissioner
Lester D. Bibler, Indianapolis, AMA trustee, and chairman, Student Loan Committee
Jack W. Hannah, Elkhart, member, Commission on Medical Economics and Insurance
James E. Wenger, Nappanee, member, Commission on Governmental Medical Services
Thomas O. Middleton, Bloomington, chairman, Commission on Public Health
Mr. Frank K. Woolley, Chicago, AMA field representative
Donald E. Wood, Indianapolis, member, AMA Council on Legislative Activities
Prof. Robert Borkenstein, Bloomington, Dept. of Police Administration, Indiana University
Herman Wing, Gary, member, AMA Technical Committee

Staff:

Howard Grindstaff, field secretary
Kenneth W. Bush, administrative assistant
James A. Waggener, executive secretary

On motion of Drs. Steen and Popp, minutes of the meetings held October 11 and 14, 1965, were approved as printed.

Reports of Councilors

District meetings were reported scheduled as follows during 1966:

First District—Evansville, May 26, 1966
Second District—Washington, June 9, 1966
Third District—French Lick, _____, 1966
Fourth District—Madison, May 3, 1966
Fifth District— _____
Sixth District—Shelbyville, April 27, 1966
Seventh District— _____, May 4, 1966 (tentative)
Eighth District—Muncie, June 1, 1966
Ninth District—Fowler, May 19, 1966
Tenth District—Gary, May 18, 1966 (tentative)
Eleventh District—Kokomo, September 21, 1966
Twelfth District—Bluffton, May 18, 1966
Thirteenth District—Elkhart, September _____, 1966

DR. KERR, Third District, reported he had been asked what the decision of the Council was on the grievance matter which was discussed by the Council at its special meeting on November 13, 1965. The business of that meeting was discussed by Drs. Corcoran, Rifner and Edwards, following which the secretary stated that the matter had been referred to the association attorneys for decision and appropriate action, if any, and that a letter had been drafted and would be sent to the county society concerned. The chairman asked that a copy of the letter also be sent to each councilor.

DR. HILLIS, Eleventh District, reported on an incident in his district where an insurance company had questioned the procedure followed by a surgeon in an operation. It was the consensus of the Council that the surgeon should present this matter to his county medical society, if for no other reason than for information, and then either he or the county society should refer it to the chairman of the Commission on Medical Economics and Insurance.

Dr. Edwards said, "If the county society does not resolve these issues, it can appeal for help to the Commission on Medical Economics and Insurance and that commission can ask the help of the Council or the House. Problems like this should be sent to the state level for information—this would

be a help to other counties having similar problems."

DR. POPP, Twelfth District, asked for further information regarding the property tax on the headquarters building. (This was to be discussed later in the meeting.)

DR. BOWEN, Thirteenth District, was welcomed as the new councilor of the Thirteenth District.

Dr. Bowen reported that he had received a letter in which Dr. Robert L. Rouen, Elkhart, alternate councilor, had submitted his resignation. Dr. Bowen asked what the procedure was in such a case and was told that an alternate councilor should be elected at the fall meeting of the district.

Unfinished Business

1. *Transfer of fees for radiology and pathology services from Blue Cross to Blue Shield.*

Wabash County case. In the absence of Judge Hamill, the secretary reported that the trial in this case had been postponed.

Reports of Officers

DR. KENNETH O. NEUMANN, president: There has been an extensive amount of travel this past week. The chairman of the Council, the chairman of the Executive Committee, and your president attended meetings in Chicago, where we found out that Title XIX is going to be an ever-expanding and ever-increasing program.

It is a little difficult at times to travel around and to talk the way we should in various meetings. I have gone on the theory that I am expressing the opinion of the state medical association when I talk some place and whatever decisions they have made I'm bound to follow. It may not be my personal opinion in some cases but I've found out that they don't want my personal opinion. I thought you should know this, and this is very important to all of us when we are making a public statement about something; what we say is interpreted as being the final word of the state medical association.

The commissions are active, are functioning efficiently and have already started to do a great deal of work, for which I am grateful. I think all of us, the councilors and the officers, have a tremendous job, considering we have to carry the message on XVIII and XIX to the county societies. The secretaries and presidents have already been supplied a substantial amount of current information. We are hopeful of arranging a county medical society officers' meeting within the next 60 days, or at least have the regulations developed, so that we can bring everybody up to date and have a chance to discuss these problems.

Dr. Popp, in answer to your questions regarding the Medical School Liaison Committee; there will be a committee meeting Friday; the committee has been appointed.

The Future Planning Committee that was mandated by the House of Delegates last fall has turned out to be a rather difficult committee to select because of the restrictions and requirements put on by the House of Delegates. We have gathered some names, and I would be very happy to have any suggestions of individuals in your district who you feel would be effective members of the Future Planning Committee within the limitations of the distribution and type of practice; we would need all this information on any members that you submit.

I would like to take a little more time here to give Jack Shields a compliment. Jack has been doing a lot of leg work around the state—talking about Title XIX. He even migrated up north to Lebanon for one of these discussions not too long ago, and I think this is a very fine idea. I think leg work is something we are all going to have to do within the next year and it's a very difficult thing to do because it takes time.

It's been an extremely busy three months. Thank you, Mr. Chairman.

DR. EUGENE S. RIFNER, president-elect: My first endeavor as president-elect was to sit through and to listen to Dr. Black and Dr. Neumann in the long House of Delegates meeting we had at the end of the last state meeting. I have also attended the Philadelphia AMA, gone to Lake county, and this week I attended the nauseating Title XIX program by the AMA. It seems to me that the problem of the AMA and Title XIX at present is that we are an ever-changing picture of defeat. Until now we have been drifting toward a governmental liberal point of view. Members of our team are now pointing out alternatives and studying plans which they feel the legislative body might use in Congress to combat the deficiencies of the Medicare law. For the first time our people have been looking ahead to see what is in the future. Thus we can develop programs which begin to consolidate our thinking and which are progressive for world changes. The world changes and moves on, and we must move with it or be left behind. Our efforts must also be in anticipation of need and must be geared to the patients' needs for better patient care.

Our commissions should not forget that the occasion for this organization and its existence are outlined in the Constitution. Sometimes we seem to get lost in the political battle and the purpose of our organization gets lost also.

The first speech I made I suddenly realized that I was being introduced as president-elect, not that "young feller from Van Buren." As that young feller from Van Buren, I talked against King-Anderson freely and with a strong voice and I find that today, as yesterday, even the councilor from the Eleventh District spoke a little bit too strongly about the Medicare bill and that the doggies wouldn't be herded down the great gully called "The Great Society." For this I have been scolded by an honorary member of my society. I think we all need to take a look, all of those of us who speak for the state organization should realize for whom we speak and that we should speak with dignity. Though I didn't relish the criticism, I did deserve it. I will attempt to increase my program, or rather, I should say, Dr. Neumann will increase my program. Each time I come down here he adds another place to go to my calendar. Each

time he continues to remind me that there is nothing lower than a president-elect. I will continue to do that which you require of me. Thank you.

DR. OTTIS N. OLVEY, treasurer, reviewed briefly the annual audit, copy of which was supplied each councilor.

As of December 31, 1965, Dr. Olvey reported balances in all funds as follows:

Summary of All Funds:

	Cash	Investment	Total
General Fund	$19,399.97	$131,366.51	$150,766.48
Journal Fund	5,520.80	——	5,520.80
Medical Defense Fund	163.68	35,000.00	35,163.68
Building Fund	413.23	5,000.00	5,413.23
Student Loan Fund (old)	565.82	8,964.69	9,530.51
Kitchen Fund	——	1,596.44	1,596.44
Total	$26,063.50	$181,927.64	$207,991.14

Dr. Olvey said that substantial payments soon would be made on the building debt, which would bring the balance due down to approximately $18,000.00.

On motion of Drs. Popp and Petrich, the treasurer's report was accepted.

DR. FRANK B. RAMSEY, editor of *The Journal*, reported that *The Journal* is in good health. "Last year we averaged 39 pages of advertising per issue. The first two months this year we are averaging 44."

In reply to the question, "Why don't we get *The Journal* earlier?" Dr. Ramsey said: "It involves getting in with the printers at a time of the month when their other orders can wait a little while. If we can get them back to printing early in the month again, *The Journal* will be ready for mailing earlier."

Matters Referred to Council by Executive Committee

DR. RALPH V. EVERLY, chairman of the Executive Committee, discussed the following matters:

1. The rumor that the association will have to pay property taxes on the headquarters building. This matter is being referred to the association attorneys.

2. *Budget for* 1966-67. **On motion of Drs. Steen and Donato, the proposed budget was accepted with the exception of the allowance for the president's traveling expenses.**

The members of the Council discussed the great amount of time the president loses from his practice in his official capacity and it was agreed, **on motion of Drs. Steen and Donato, that the president should receive $50.00 per diem in addition to necessary expenses.**

Dr. Steen called attention to the item of $4,000.00 for bookkeeping equipment, noting that there should be an actual need for such equipment, inasmuch as this equipment becomes obsolete very quickly and the loss on such a purchase can be a sizeable sum.

On motion of Drs. Steen and Donato, the Council voted that the budget be accepted as amended, to include a $50.00 per diem, plus other expenses, for the president of the association.

3. *Purchase of real estate.* Dr. Everly reported that the association had options on the two lots directly east of the headquarters building, with a total frontage of 128′ 5″ by 287 feet deep, at a total cost of $92,500.00, and asked final approval of the Council to purchase these lots. Dr. Everly stated that the Executive Committee is hopeful of being able to reduce this price.

On motion of Drs. Steen and Corcoran, the Council authorized the Executive Committee to buy these two properties. On motion of Drs. Corcoran, Steen and Donato, the Council authorized the treasurer to borrow the money and to sign the note for the purchase of these lots.

Economic and Organization Matters

1. *Remission of state dues.* The Council voted remission of state dues as follows:

Marion County—Two members, one because of retirement from practice, and one because of ill health, **on motion of Drs. Donato and Petrich.**

Lake County—One member for 1965, because of financial hardship due to illness, **on motion of Dr. Steen, duly seconded, and carried.**

2. 1965 *membership report by districts,* as follows, was presented:

MEMBERSHIP REPORT
INDIANA STATE MEDICAL ASSOCIATION
December 31, 1965

DISTRICT	Members ISMA	# Delegates, 1966 Session	AMA	Gain or Loss over 1964 ISMA	Gain or Loss over 1964 AMA	Removed from ISMA Non-Payment	Deaths	Non-Members Elig.	Non-Members Non-Elig.
1st District:									
Gibson	15	1	14		−1		2	1	
Perry	9	1	9	−2	−2				
Pike	4	1	4						
Posey	10	1	10						
Spencer	4	1	3					1	
Vanderburgh	236	5	232	+1	+1		1	8	1
Warrick	7	1	7		−1		1	1	
Total	285	11	279	−1	−3		4	11	1

DISTRICT	Members ISMA	# Delegates, 1966 Session	AMA	Gain or Loss over 1964 ISMA	Gain or Loss over 1964 AMA	Removed from ISMA Non-Payment	Deaths	Non-Members Elig.	Non-Members Non-Elig.
2nd District:									
Daviess-Martin	20	2	18	+1			1	1	
Greene	16	1	9				1		
Knox	38	1	36	−1	−1			1	
Owen-Monroe	61	2	58		−1	3	1	10	
Sullivan	15	1	13				1		
Total	150	7	134		−2	3	4	12	
3rd District:									
Clark	40	1	40	−1		1		7	
Dubois	24	1	21						
Floyd	37	1	36					1	
Harrison-Crawford	11	2	11	−1	−1		1		
Lawrence	24	1	21	+1		1			
Orange	9	1	9						
Scott	4	1	3					4	
Washington	7	1	7						
Total	156	9	148	−1	−1	2	1	12	
4th District:									
Bartholomew-Brown	46	2	45	+3	+3			2	
Dearborn-Ohio	20	2	19					2	
Decatur	11	1	9	−1	−1	1	1	2	
Jackson-Jennings	24	2	22	−1				1	
Jefferson-Switzerland	28	2	27	−1		1		1	
Ripley	9	1	7	+1					
Total	138	10	129	+1	+2	2	1	8	
5th District:									
Clay	11	1	11	−1	−1	1			
Parke-Vermillion	23	2	23	−2	−2			1	
Putnam	15	1	15						
Vigo	120	2	120	+1	+1				
Total	169	6	169	−2		1		1	
6th District:									
Fayette-Franklin	16	2	16	−1	−1		2		
Hancock	22	1	21	+2	+1		1		
Henry	39	1	38	−1	−2		1	4	
Rush	14	1	14	−1	−1				
Shelby	20	1	19	+1				3	
Wayne-Union	68	2	65	−6	−4			3	1
Total	179	8	173	−6	−7		4	10	1
7th District:									
Hendricks	22	1	22	−2	−2				1
Johnson	29	1	29				1		
Marion	1058	21	1053	−9	−10	7	10	55	2
Morgan	18	1	17	+1		1		2	
Total	1127	24	1121	−10	−12	8	11	57	3

DISTRICT	Members ISMA	# Delegates, 1966 Session	AMA	Gain or Loss over 1964 ISMA	Gain or Loss over 1964 AMA	Removed from ISMA Non-Payment	Deaths	Non-Members Elig.	Non-Members Non-Elig.
8th District:									
Delaware-Blackford	124	3	119	+8	+8	1	1	5	1
Jay	15	1	14	−1		1		1	
Madison	101	2	96	+5	+3	2		7	1
Randolph	21	1	20		+1		2		
Total	261	7	249	+12	+12	4	3	13	2
9th District:									
Benton	9	1	9				1		
Boone	19	1	19					1	
Clinton	20	1	20	+2	+2			1	
Fountain-Warren	15	2	15						
Hamilton	24	1	16	−1	−2		1	1	
Montgomery	27	1	27			1	1	1	
Newton	5	1	5						
Tippecanoe	125	2	123	+7	+7			7	
Tipton	11	1	11						
White	12	1	12				2		1
Total	267	12	257	+8	+7	1	5	11	1
10th District:									
Jasper	7	1	7						
Lake	440	8	416	+21	+22	4	4	10	2
Porter	32	1	32					5	
Total	479	10	455	+21	+22	4	4	15	2
11th District:									
Carroll	8	1	8	−1	−1		1	2	
Cass	37	1	37	−1	−1		2	1	1
Grant	70	1	69	−1	−2		1	3	
Howard	68	1	68	+1	+1		1	2	1
Huntington	25	1	24	+3	+3		1		
Miami	14	1	14				1	4	1
Wabash	25	1	24					2	1
Total	247	7	244	+1			7	14	4
12th District:									
Adams	14	1	14						
Allen	294	6	291	+4	+7		1	4	2
De Kalb	23	1	23	+3	+3				
LaGrange	7	1	7	−1	−1	1			
Noble	17	1	17	+1	+1		1	1	
Steuben	14	1	14	+1	+1		1	2	
Wells	37	1	39		+2		1	3	
Whitley	17	1	17	−1	−1			1	
Total	423	13	422	+7	+12	1	4	11	2
13th District:									
Elkhart	108	2	105		−1	1	3	10	
Fulton	11	1	9	−1	−2			1	

DISTRICT	Members ISMA	# Delegates, 1966 Session	AMA	Gain or Loss over 1964 ISMA	Gain or Loss over 1964 AMA	Removed from ISMA Non-Payment	Deaths	Non-Members Elig.	Non-Members Non-Elig.
Kosciusko	19	1	19		+1			1	
LaPorte	100	2	98	−1	−1	4	2	2	
Marshall	27	1	27	+1	+1			1	
Pulaski	5	1	4	−1	+1		1	1	
St. Joseph	236	5	236	+1	+1		7	11	1
Starke	7	1	7	+1	+1				
Total	513	14	505		+1	5	13	27	1
			SUMMARY						
1st District	285	11	279	−1	−3		4	11	1
2nd District	150	7	134		−2	3	4	12	
3rd District	156	9	148	−1	−1	2	1	12	
4th District	138	10	129	+1	+2	2	1	8	
5th District	169	6	169	−2	−2	1		1	
6th District	179	8	173	−6	−7		4	10	1
7th District	1127	24	1121	−10	−12	8	11	57	3
8th District	261	7	249	+12	+12	4	3	13	2
9th District	267	12	257	+8	+7	1	5	11	1
10th District	479	10	455	+21	+22	4	4	15	2
11th District	247	7	244	+1			7	14	4
12th District	423	13	422	+7	+12	1	4	11	2
13th District	513	14	505		+1	5	13	27	1
Total	4394*	138	4285	+30	+29	31	61	202	17

*Plus one honorary member, Dr. Dwight Murray, Napa, California, not in this number.
Report includes three honorary members and 40 full dues paying members who are out of the state.

3. *Reapportionment of delegates.* Dr. Corcoran noted from the above report that there are 202 eligible non-members in the state and asked if it would be worthwhile for each councilor to be given the identity of these men in his district, in order that they might be contacted regarding membership. Dr. Donato explained that the majority of these non-members are residents of Indianapolis and they had been contacted, and it was learned that they are in industrial work and therefore they are not interested in membership in the state association.

Dr. Popp called attention to the fact that in the Eighth through Thirteenth districts there are 2,190 members represented by 63 delegates. In the first six districts, 1,077 members are represented by 51 delegates.

Following discussion by many, on motion of Drs. Corcoran and Bowen, this matter was referred to the Commission on Constitution and Bylaws.

4. *Blue Shield Board members-at-large.* Since Dr. Edwards had been nominated at a previous Council meeting as a member-at-large, Dr. Steen chaired this election.

Dr. Steen announced that four individuals had been nominated at the April 4, 1965, Council meeting—Drs. Bernard Rosenak, Indianapolis (internal medicine); E. T. Edwards, Vincennes (general practice); Lowell I. Thomas, Indianapolis (orthopedic surgeon), and Maurice E. Glock, Fort Wayne, (internal medicine).

By secret ballot Drs. Rosenak, Thomas and Glock were elected Blue Shield board members-at-large for the three-year term beginning March, 1966.

Dr. Edwards resumed the chair.

5. *Nomination of two members for Editorial Board,* for three-year term ending December 31, 1969, to succeed: Drs. George M. Johnson, Richmond (surgery) and Irvin W. Wilkens, Indianapolis (internal medicine), whose terms expire December 31, 1966.

On motion of Drs. Steen and Popp, the councilors of the Sixth and Seventh districts and also all other councilors are to report their choice of nominees for membership on the Editorial Board not later than the July Council meeting. This action was taken following discussion by Drs. Ramsey, Donato, and Gosman.

6. *Reorganization of Newton and Benton County Medical Societies into a two-county unit.* In accordance with Chapter VII, Section 8, of the Bylaws and **upon motion duly made, and seconded by Dr. Rifner, the Council approved the formation of a joint county medical society by the Newton and Benton County Medical Societies.**

Reports of Guests

DR. GLENN W. IRWIN, Jr., Dean, Indiana University School of Medicine: I would like to give a progress report concerning the study committee at the school of medicine that relates to the regional centers or programs which, as you know, is one of

the important pieces of legislation passed by the last Congress. Our committee is headed by Dr. John Hickam, chairman of the Department of Medicine, and is composed of several chairmen of clinical departments, plus representation of the Indiana State Medical Association, the State Board of Health, and others. Our feeling still is that a regional program should be utilized in Indiana as part of our postgraduate and continuing medical education program. I appreciate the fact that the original intent of the bill was to deliver medical care to regions. The role of the school of medicine is to help physicians and others on the local scene to actually make the final delivery in medical care. After attending a variety of meetings concerning this regional program, including the President's Health Council recently, it is obvious that other states are considering this a good means of bolstering their student programs, internship and residency programs, and continuing medical education programs.

Supposedly, in January of 1966, we were to receive the forms to prepare a preliminary planning grant. To date we have not received these. This has been true of many of our teaching and research programs; in the last four months, many of them have been approved but not funded. I am sure this is a reflection of the war in Viet Nam. Nevertheless, we are going ahead with our plans to have a state program. Next Friday the Medical School Committee is inviting representatives of those hospitals which are approved for internship, other hospitals, certain clinics, the Indiana State Medical Association, and the State Board of Health to attend a preliminary planning meeting. Our feeling is that Indiana is really a unique state for such a plan. We have no thought of building a large diagnostic and treatment center for heart disease, cancer and stroke on the Indiana University campus in Indianapolis. We plan to use these funds in a variety of areas over the state to improve the postgraduate and continuing education for physicians. Those of you who have read the most recent education issue of *JAMA* have seen that we have a lot to do in this state and must increase the number of high quality internships and residencies. It is important that this association seriously consider methods of implementing this program.

Those of you throughout the state should consider, for example, what your hospitals or your physicians can offer, not only to interns and residents, but also to the medical students. Our curriculum committee will likely recommend a considerable revision of the curriculum for medical students. Probably the final year of medical school will be comprised of a program of carefully prepared electives, and I hope that many of these electives would be taken throughout the state so that we can effectively bring to our students the story of the practice of medicine in Indiana. If we are to have more interns and residents in Indiana, we must expose medical students to the good medicine which is available in the state of Indiana. Those of you who are involved with regional program planning should also be involved in so far as what you and your community can offer to medical student training. It is obvious that these programs represent a new direction in medical education. The goals are obviously a strengthened Indiana University School of Medicine, better and broader medical education, improved medical service throughout the state, and an increase in the number of practicing physicians in Indiana.

DR. A. C. OFFUTT, State Health Commissioner, presented the following written report:

INDIANA STATE BOARD OF HEALTH PLAN FOR IMPLEMENTATION OF TITLE XVIII, P. L. 89-97

A. Organization:

1. A new division for the certification of medical care facilities will be established. This division will be staffed by a medical director, who is a physician; a secretary; and a medical care executive. If operational experience with the division indicates, an additional executive and an additional clerk may be added. This division will be directly under my supervision.
2. The necessary information for forwarding certification recommendations will be developed by existing divisions as noted:
 a. Hospitals—Division of Hospital and Institutional Services
 b. Home Care—Division of Public Health Nursing
 c. Extended Care Facilities—Division of Health Facilities
 d. Independent Laboratories—Bureau of Laboratories

 It is presently planned that in the performance of activities related to certification by the various divisions, there will be no substantial change in the organizational structure or operational methods.
3. The director of the Division of Medical Care Administration will coordinate the total Medicare program of the Indiana State Board of Health. He will serve as liaison between the State Board of Health and the Social Security Administration to insure that all obligations or assigned responsibilities are met. The services performed by the existing divisions, as noted above, will be done at the request of the director of the Division of Medical Care Administration.
4. An advisory committee will be appointed, with at least five members. One member will represent each broad area of certification, and one member will represent the public at large. The actual number of members on the committee is not yet firm.

B. Spheres of Activity:

1. Based upon information gathered from the facilities by the division concerned, as noted above, recommendations for certification will be made to the Social Security Administration.

2. Consultation will be provided to potential providers of services regarding their ability to meet certification requirements.
3. Coordinate any Medicare activities with other state programs in which health interests may be involved.
4. Determine the availability of home care services in various communities. Offer consultation and assistance to communities in the development of such services, where needed, or in the extension and improvement of services where they are already operational.
5. Establish an educational program to inform citizens of our responsibilities in the Medicare program.
6. Continue liaison activity with the Indiana Department of Public Welfare relative to Title XIX.

C. Priorities:

1. Create the Division of Medical Care Administration.
2. Develop a budget.
3. Effect the necessary agreements with the Secretary of Health, Education and Welfare.
4. Staff orientation for personnel of the division and of those divisions which will be assigned additional responsibilities in the program.

Dr. Offutt spoke on one additional item: Regarding Title XIX, we propose to suggest to the Governor that a memorandum of responsibility be developed, as I have developed this morning, which will provide that the Department of Public Welfare be named the primary agency under Title XIX. We propose that while the DPW will be named as the primary agency, a memorandum of responsibilities will be developed between the DPW and the State Board of Health and this memo will provide that those things I have spoken to you about under Title XVIII will still be done by the Board of Health and that the DPW will be concerned with determination of eligibility and fiscal matters. I sincerely recommend to you that this is probably the best way to actually handle XIX, because XIX is going to occur. If it is possible, then we might as well go ahead and go on to Title XIX before the deadline. We, Mr. Kelly and I, will recommend to the Governor that this memorandum be developed and that the Governor take whatever steps are necessary to see to it that it becomes the method of handling Title XIX in Indiana.

Matters from Committees and Commissions

1. *Student Loan Committee.* DR. BIBLER, chairman, reported that the Student Loan Committee had met prior to the Council meeting. In addition to granting two student loans, the committee had discussed some delinquent accounts and the committee authorized the attorney to proceed to collect these accounts, leaving it to Mr. Hollowell's discretion to use whatever means are necessary.

In view of the fact that the Student Loan Fund has adequate funds at this time, Dr. Bibler asked the Council to review the matter of allocation of dues to this fund. He said the Student Loan Committee probably would have a recommendation to make in the form of a resolution, for presentation at the next Council meeting.

2. *Council Liaison Committee with Blue Shield.* (Drs. Wiseman, Steen and Donato.) The chairman announced that he would serve as a member of the Council Liaison Committee with Blue Shield.

Dr. Steen reported that at the Blue Shield meeting on Sunday, January 30, the board would discuss certain low-level supplemental plans for Medicare recipients. One plan, which will supplement Medicare service, will cost $4.76 per person per month. A higher-level plan, which will be sold to those who do not sign up for Medicare, will cost $6.51 a month per person. Dr. Steen presented an outline of the benefits to be provided by these plans and asked that the councilors give him, or the other members of the liaison committee, their comments in order that their thinking might be presented to the Blue Shield Board at its January 30 meeting.

Dr. Steen commented that it is unfortunate that the Blue Shield Board meeting always follows the Council meeting rather than vice versa.

Dr. Steen presented an account summary of the Professional Health Security Plan which showed such excellent performance that the rates are to be reduced.

Dr. Steen called attention of the Council to the rule adopted three years ago by Blue Cross-Blue Shield, which was subsequently approved by the Council, that to be eligible to coverage by the Professional Health Plan, a physician must maintain membership in the Indiana State Medical Association. He presented a list of 49 physicians who hold Blue Cross-Blue Shield participating certificates under ISMA's plan who are not ISMA members, and asked the Council to take action in order that this matter may be resolved one way or another.

Dr. Petrich moved that the rule be enforced that a physician should be a member of the Indiana State Medical Association to be eligible to the Blue Cross-Blue Shield Professional Health Plan and that associate or special members should be included in the plan. Motion seconded by Dr. Steen.

On motion duly made, seconded by Dr. Donato, put to vote and carried, Dr. Petrich's motion was amended to the effect that these non-members should be given an opportunity to reinstate themselves in organized medicine before their policies with Blue Cross-Blue Shield are canceled.

On voting, the motion made by Drs. Petrich and Steen was adopted as amended.

3. *Commission on Medical Economics and Insurance.* In the absence of Dr. Willard T. Barnhart, chairman of the Commission on Medical Economics and Insurance, the chairman of the Council read the following report of the Commission, copy of which was to be sent to each councilor:

REPORT OF COMMISSION MEETING AND ACTIVITY

January 13, 1966

The Commission on Medical Economics and Insurance met at 2 P.M., Thursday, January 13, 1966, with 12 of its 15 members present.

Mr. J. Russell Townsend, Jr., reported that within the next week there should be a first mailing of the recently approved disability insurance program. Mr. Townsend or one of his agents will later be available to appear before any groups such as district or county society meetings to explain the program and receive applications. Members will be called on in their office only if they so request.

Mr. Waggener and the chairman reported they had reviewed the old records in regard to the selection in 1944 of the St. Paul Mercury Indemnity Company as an approved carrier of malpractice insurance at special rates for members of ISMA. The home office of this company which is now the St. Paul Fire and Marine Insurance Company was contacted. The present status of this old agreement and the matter of current rates of malpractice insurance are being investigated and will be reported to the Council later.

For several years ISMA has made available to members a simplified insurance form designed by the Health Insurance Council and approved by the AMA in 1959. A new version of this form has recently been approved by the AMA. This will be presented to the Council as soon as possible and with their approval be made available to the members.

The commission has nothing new to report on the Keogh Act except it is believed that an increasing number of physicians have become interested in the tax advantages of this retirement plan. It should be worthwhile for physicians to support any move in the current Congress to increase the amount that may be contributed to such a plan.

Very few physicians have attempted to take advantage of incorporation benefits because of the opposition of the Internal Revenue Service. The IRS recently agreed that physicians who incorporated prior to 1965 may have the tax advantages for pre-1965 years but not for 1965 or subsequent years.

Your commission chairman reported that Mr. Richard Kilborn of Blue Shield still has no official word on whether or not Blue Shield will be selected to administrate the Medicare Voluntary Medical Insurance Plan in Indiana. Mr. Kilborn stated that 97 of 112 hospitals had chosen Blue Cross over Aetna and Travelers' to administrate the Medicare Hospital Plan. Mr. Kilborn assures us that if Blue Shield is selected, they will interpret "usual and customary" fees as defined in our House of Delegates and as Blue Shield has done under Resolution No. 26 contracts.

The commission is alert to the increasing problems of utilization committees in regard to unnecessary hospital admissions, excessive in-patient stay, quality of care, etc. It is aware of the additional problems that can be expected with Medicare. It will continue its activity in this field and keep the Council informed.

Mr. Waggener has received an invitation for ISMA to co-sponsor with the Indiana Hospital Association a meeting on Monday, March 7. We had not received all the details but understood that this is to be an institute on PAS and MAP.

The Commission on Professional and Hospital Activities is a non-profit, educational and scientific research organization at Ann Arbor, Michigan. Doctor Vergil Slee, a former practicing physician who is now the director of this commission, will be the chief speaker at this meeting. He will explain their two major programs, the Professional Activity Study (PAS) and the Medical Audit Program (MAP) which provide member hospitals with a system of access to the information in the hospitals clinical records. When a patient is discharged, a PAS case abstract is forwarded to the commission where the information is transferred to a computer. An increasing number of hospitals are using this service to obtain data of professional services, to aid in departmental reports, research studies, and to simplify work in the medical record departments. The MAP is designed to assist the medical staff in evaluating quality of care and eliminates the necessity of reviewing each clinical record.

Our commission recommends to the Council that ISMA co-sponsor the meeting on March 7 and that physicians be encouraged to attend so we may learn of the advantages these programs provide.

Willard T. Barnhart, M.D., Chairman

4. *Commission on Public Health.* DR. THOMAS O. MIDDLETON, chairman of the Commission on Public Health, introduced Professor Robert Borkenstein of the Department of Police Administration of Indiana University. Professor Borkenstein presented the following report for the information of the council.

RESEARCH PROPOSAL - INDIANA MEDICAL SOCIETY

There is an urgent need for more and better information about traffic accidents, information designed to improve the process of accident control. Those things which informed common sense suggests will help control accidents are now being done or are under investigation. It is obvious that these measures taken collectively are inadequate in terms of our current traffic accident experience, and this experience will grow worse rapidly unless new steps are taken. In the absence of additional information about accidents, it is extremely unlikely that satisfactory accident control programs can be designed. This proposal outlines a pilot project which in some form or another is a necessary first-step to a collection of the required information.

Method

Briefly, in this project a research team will be assembled to conduct case studies of vehicular traffic accidents involving severe but not fatal personal injury to the involved drivers. The investigated ac-

cidents will be restricted to those occurring on rural trunk highways and county roads in the neighborhood of Indiana University. Medical, engineering, and psychological skills will be required during the accident investigation. A thorough investigation will be made of each selected case. The vehicles, drivers, and environment will be examined in detail. A complete case study for each accident will include, when available, a reconstruction of the accident, including the velocity and paths of the involved vehicles, the drivers' appreciation of the accident event, a descriptive analysis of the physical condition and injuries suffered by the drivers and an examination of the mechanical condition of the vehicles.

Other Studies

Several projects involving a case study approach to accidents have been carried out, and several have led to safety measures such as seat belts and padded instrument panels. Two of the most important of these projects were those carried out at the Traffic Institute, Northwestern University, and at Harvard. Results of both of these studies show that there is much more to be learned from a case study approach, and that accident records now available, are in many respects inadequate.

Purpose of Study

This pilot study will be designed to serve as a basis of work in several areas. During the study emphasis will be placed on conditions, actions, or objects which contributed to the severity of the accident, as well as those elements which are collectively referred to as causes of the accident. In addition, a deliberate search will be made for points of systems failure, the places, times, and conditions under which the mechanisms which usually operate to prevent accidents ceased to operate. This is the type of result which is usually sought from traffic accident case studies. This particular project will differ in two major respects from previous case studies. The restriction of the selection of cases to those in which both drivers survive permits cross-checking of the drivers' narratives. In addition, by restricting accidents to those in which serious personal injury occurred, resources will be concentrated on a type of accident in which substantial safety gains may be made.

How This Study Differs

This pilot study will be unique in that much of the effort will be directed towards analyzing the process of information collection and interpretation itself. This is extremely important. The use of an expert team to investigate all serious accidents is impossible because of expense. At the same time it is absolutely necessary that we collect more complete and more accurate information about accidents. This can be done if the information collection process can be systematized to the point where specially trained officers using structured report forms can obtain most of the necessary information. At this time we do not have enough data to train such officers or to design such forms. By use of this case study approach, we hope to provide a new basis for improved methods of accident control.

Anticipated Results

This project should lead to safety improvements in three major areas. Immediately, during the project itself, knowledge about the factors which tend to aggravate injuries will be obtained. More generally the project should lead to substantial improvement in traffic accident records, and in traffic accident investigation training and reporting methods. Improved traffic accident records are required if progress is to be made in traffic safety.

Requirements

The basic requirements of the pilot project are people. Technically we will require a human factors engineer, a chemical psychologist and a medical doctor. In addition, clerical and secretarial support will be required.

DR. MIDDLETON discussed the above report, saying that the specific request is for the provision of money to act as a seeding grant with which to establish this traffic safety program.

The chairman thanked Dr. Middleton and Professor Borkenstein for their presentation, and announced that inasmuch as the budget for the coming year had already been set up, their request for funds would have to be referred to the Executive Committee and they would be contacted at a later date.

5. *Implementation of PL* 89-97. DR. DONATO, chairman of the Council Committee for the Study of Implementation of Public Law 89-97, reported that his committee had had three meetings—one with Mr. Kelly of the State Department of Public Welfare, one with Dr. Offutt, and the AMA meeting in Chicago, which was attended by most of the members of the committee. "This was an informative type of meeting. Many things were discussed that we already knew; it seemed to me that Indiana is far advanced to other states in knowledge about the Medicare bill.

"I want to bring up a point now. We don't have any format; we try to represent 4,500 physicians, but we don't know what 4,500 physicians want; we don't know what this Council wants. We should have something, basically, in case someone calls me as chairman of this committee, or any one of the other members of this committee, or even any member of the Executive Committee. What are the demands of medicine in Indiana? I wouldn't know what to tell them—I haven't got an overall picture of just what we should be backing.

"Gentlemen, this is the most important thing that this Council can act on in the next year as far as I am concerned; that is why I feel so dedicated to this position, and I feel very elated that you have chosen me to be the chairman of this committee. I have four points to present for your consideration:

"1. I think the prime importance is patient care; this is basic. We have to sell the people, sell the representatives, that we are not thinking of ourselves as individuals, but everything we are backing

is for the benefit of our patients. They are the ones who are paying the bill and they are the ones who should receive the best care that we can give them.

"2. I think we should conserve in every possible way physicians' privileges and rights, and the finances of the physicians and compensation for the working set.

"3. Physician participation; in other words, supervisory. This is a point I realized from the Chicago meeting—that they desire physician supervision in all these fields. I think we should take advantage of this, and we should pursue sufficient salaries with good men to see that we get the proper job done.

"4. Our ISMA—I think we should equip the association to the point that if it can participate in any way in the matter of implementation as a subcontractor, or whatever you want to call it, under welfare, which is the single agent, if we can do some of the doctor work in the payment of fees, or do something that we can get compensation for, I think we should realize as much as we possibly can for our own state society. This will give us good liaison and keep us in good contact.

"Gentlemen, I have thought about this a great deal. I don't know whether or not these are the four principles you wish to follow. I think these principles should at least be a guide, and I would like guidance today. I think we should hear from every councilor, everybody in this room, to help us follow a format of some sort that we can get up and talk about in the various districts which we represent."

DR. NEUMANN enumerated some of the points of basic importance in which the State Medical Association should be involved: (1) ISMA should have a role in reviewing the utilization requirements and any program that might be carried on; (2) The field men can perhaps do an excellent job of education in field contacts, and this is an important area in which ISMA can be of assistance, and (3) ISMA should take the position that the physicians themselves should have the power to negotiate any difference that might come between the patient and the intermediary government agency. A committee of the state medical association might be very effective in reviewing any disputes between physicians and patients and the carrier.

DR. OCHSNER, AMA delegate, complimented Dr. Donato on his report on PL 89-97.

DRS. OCHSNER and SHIELDS reviewed the actions taken by the AMA House of Delegates at the 19th Clinical Meeting, November 28-December 1, 1965, at Philadelphia. (See complete report, printed in January, 1966, *ISMA Journal*).

DR. HERMAN WING, of Gary, a member of one of the AMA technical committees, discussed his experiences as a member of this technical committee.

DR. TAYLOR reported that the Indiana Roentgen Society had met prior to this Council meeting to consider a resolution prepared by its Executive Committee which restated the policy drawn up by the American College of Radiology, "a resolution which gives us a guide line to take back to our local communities. The American College of Radiology and the College of American Pathologists have gone on record in favor of their membership establishing a separate billing set-up for all patients, not just for Medicare patients. I think this is good because we all feel that Medicare will expand in the future, and more and more people will be covered by Medicare, so that eventually we will be swept up by Medicare covering all our patients, and we might as well settle this matter now. Now, the radiologists and pathologists are going to have to approach the hospital boards with this new philosophy, and this is where the rest of medicine can really help. They are going to have to present this to their hospital staff and to the various county medical societies, and, I would hope, that all of these physicians will give them their support."

DR. DON E. WOOD, reported on his activities as a member of the AMA Council on Legislative Activities.

DR. BIBLER, AMA Board of Trustees member, discussed various matters which had come before the Board of Trustees at its recent meetings.

FRANK WOOLLEY, Chicago, AMA field representative, discussed Medicare, emphasizing the following points: (1) Does organized medicine face new and different problems than it did five years ago? (2) Does the AMA, the ISMA, and all other state medical associations and the local medical societies have a priority system which is responsive to present and prospective means? (3) Do you have adequate organizations to meet those needs, and (4) Do you have adequate planning to finance your organization? "Now, if not, these questions have to be answered by you physicians—what should be done; it will not come from staff. The last question I would like to ask is this: Are the physicians willing to recognize that the public must be conditioned to the truth about private vs. public health care? This will require physician effort to educate the public, comparable to effort devoted to the practicing of medicine. If the physicians will acknowledge that this is where we are, and if we've got a new ball game, I think we've got a chance."

DR. NEUMANN asked that the Council take a stand with reference to radiologists, pathologists and physiatrists, in regard to not only Medicare but to the entire practice of these specialties.

Following discussion by Drs. Hoyt, Gosman, Corcoran, Edwards, Taylor and Rifner, **on motion duly made, and seconded, the Council of the Indiana State Medical Association voted to support the policy adopted by the American College of Radiology and the American Association of Pathologists in which these organizations went on record as favoring the establishment by their members of a separate billing procedure for all patients, not just for Medicare patients.**

DR. DONATO asked that the Council come up with a definite format on what the association stands for on Medicare and recommended that the Council, at its next meeting, formulate a definite plan to pass on to the members of the association.

DR. NEUMANN announced that as soon as definite regulations are received an orientation meeting is to be held with the county medical society officers.

The matter of usual and customary fees with relation to welfare cases was discussed by several. It was the consensus that the preferred Blue Shield schedule should be used as a guide in controversial cases, but it should not be binding.

Date for Spring Meeting

The date of April 17, 1966, was selected for the next meeting of the Council, by consent.

There being no further business, the meeting was adjourned.

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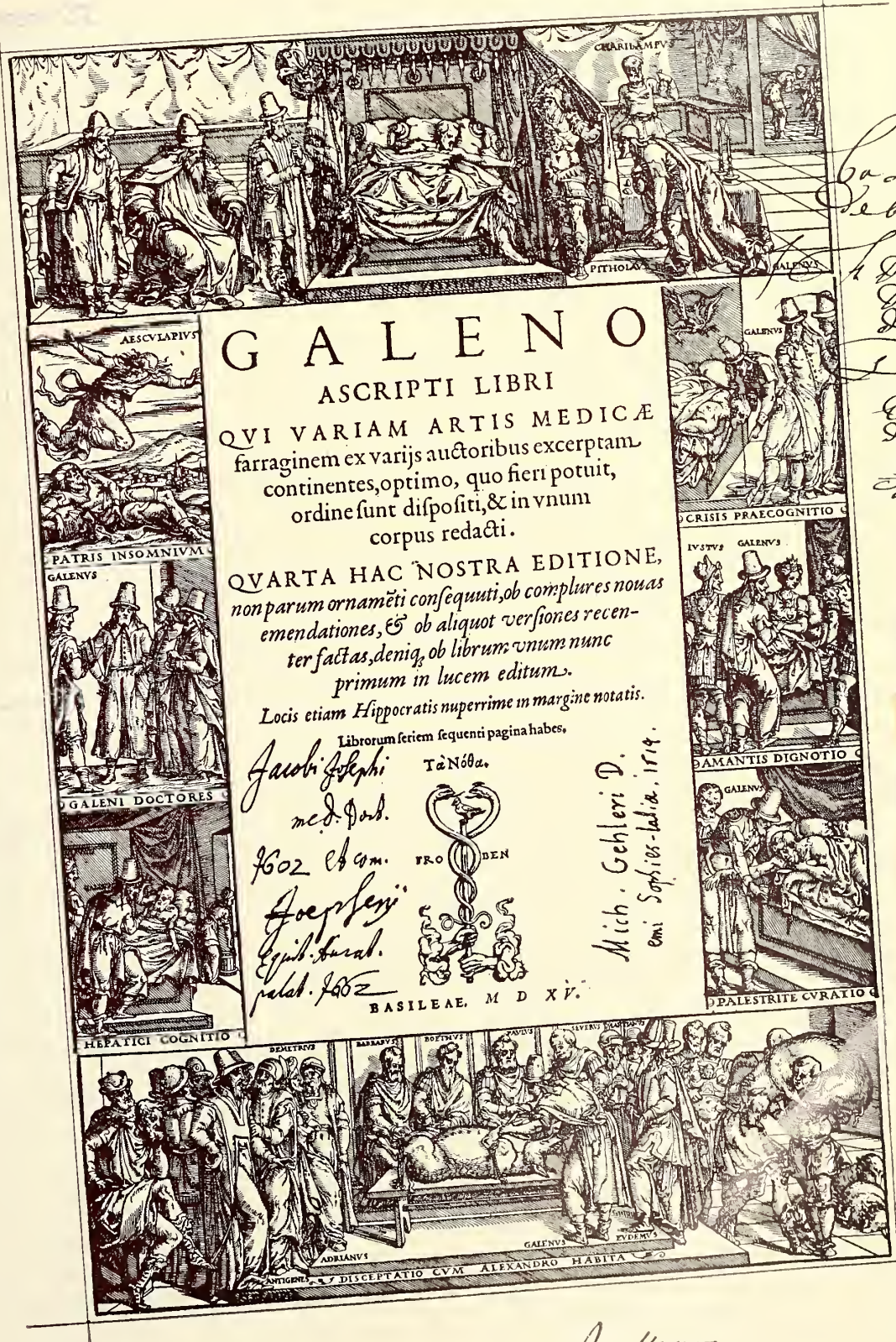
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OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana
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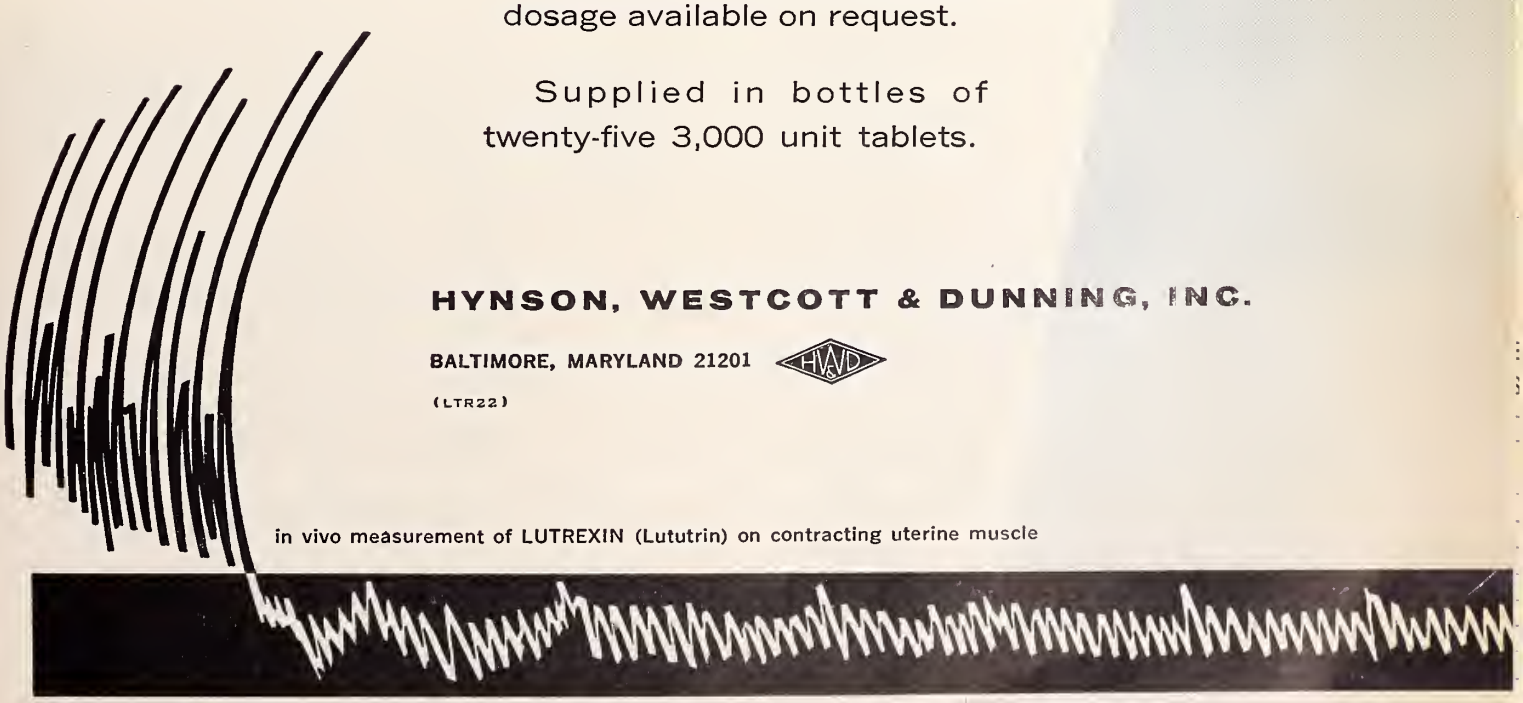
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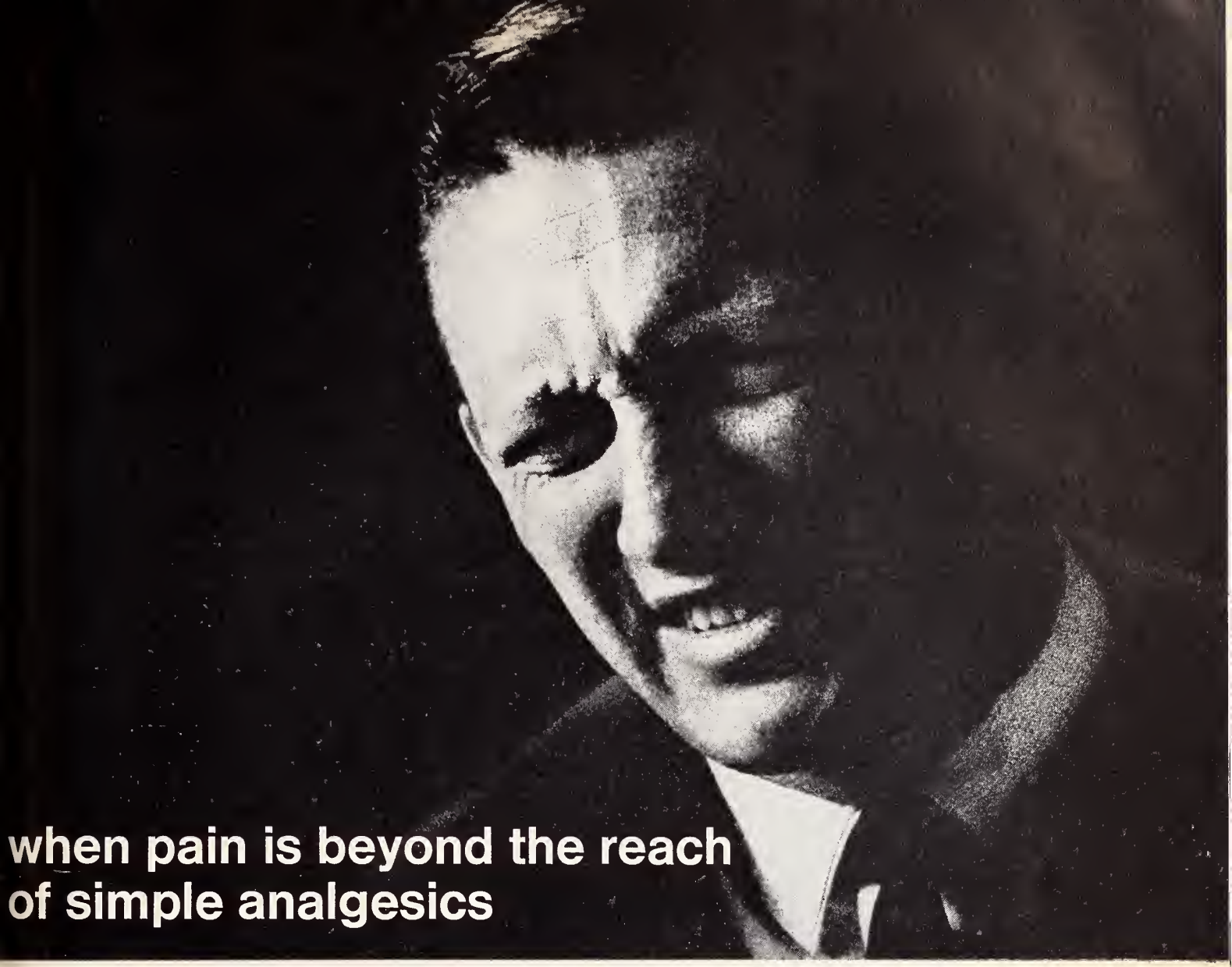
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4.	Merritt O. Alcorn, Madison	Francis W. Hare, Jr., Madison	Madison, May 3, 1966
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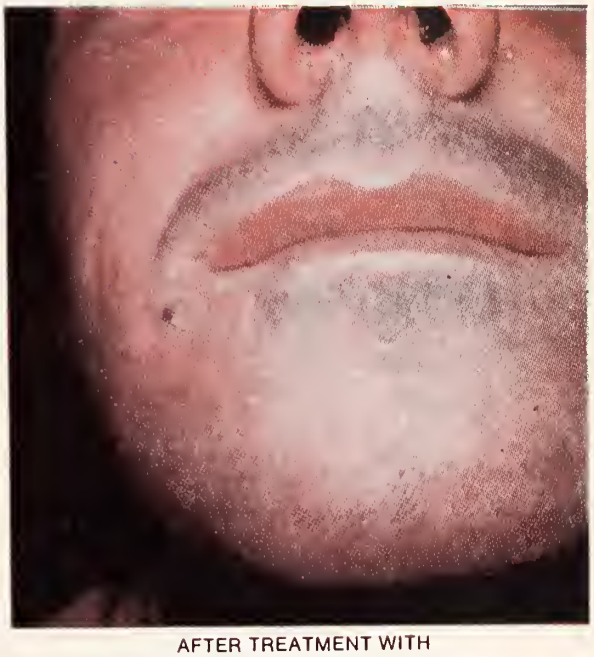
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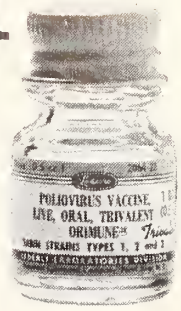
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(Also available in 2 cc and 2 drop dosage forms.)

Only 2 doses required for complete, initial immunization for patients more than a year old. *Effectiveness*—may be expected to confer active immunity against all three types of poliovirus infection in at least ninety percent of susceptibles only if given at full dosage, as directed. No characteristic *side effects* have been reported. There are, however, certain *contraindications*. These are, broadly: acute illness, conditions which may adversely affect immune response, and advanced debilitated states. In these, vaccination should be postponed until after recovery.

In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.

Dosage—initial immunization: two doses each given orally at least 8 weeks apart. (Give a third dose to infants at 10-12 months.) Booster immunization: one dose, given orally. See package literature for full directions.

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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

MONTH IN WASHINGTON

WASHINGTON, D. C.–The Johnson administration wants to prohibit manufacturers from mailing physicians free prescription drug samples except when specifically requested. The administration also has proposed that door-to- door distribution of samples of over-the-counter drugs also would be banned.

The proposals are included in new drug legislation that would expand the authority and responsibilities of the Food and Drug Administration in policing drugs.

The legislation would have Congress find that:

"(1) the mass of unsolicited samples of prescription drugs supplied to licensed practitioners by manufacturers and distributors through the mails and otherwise has led to large-scale discarding and other disposal of unwanted samples which are finding their way into the hands of persons who scavenge and repack such drugs and sell them to pharmacists for dispensing on prescription in the same manner as regular stocks of drugs;

(2) children have obtained carelessly discarded samples;

(3) the dispensing or sale of a prescription drug sample to a patient for a fee without identification of the drug as a sample is a deceptive practice; and

(4) the unsolicited distribution of nonprescription sample drugs directly to householders lacks minimum safeguards which would be involved in the sale of the drug in a pharmacy or other place of business.

Labels would have to read: "SAMPLE DRUG. FEDERAL LAW PROHIBITS ANY CHARGE OR FEE FOR THIS DRUG."

Under the legislation, the FDA would be authorized to require records and reports of adverse reactions and efficacy on all drugs now being marketed. Dr. James L. Goddard, Food and Drug Administration commissioner, already had ordered a review of drugs cleared before 1962.

Another provision of the legislation would "require certification of all drugs whose potency and purity can mean life or death to a patient," thus extending the law which now applies to insulin and antibiotics.

The Pharmaceutical Manufacturers Association expressed doubt that the FDA could carry out such an additional responsibility. PMA president C. Joseph Stetler said it seems "unwise to propose new areas of responsibility for an agency which has not yet proven its ability to administer" its present programs. Stetler added:

"The industry has said before that no amount of labeling can protect an individual who refuses to protect himself by ignoring his doctor's orders or the directions on the label of his medicine. Even when manufacturer

Continued

An antibiotic of choice is one that works

TAO works

Susceptibility Results
Staphylococci [2,3,1]

# OF CULTURES	YEAR	% EFFECTIVE
6,725	1962	88.6%
5,440	1963	88.0%
10,384	1964	88.5%

β-Hemolytic Streptococci [2,3,1]

2,448	1962	89.5%
1,519	1963	95.2%
2,492	1964	96.7%

The Product

In a world study of antibiotics *in vitro*[1], TAO had an overall effectiveness of 87.3%, higher than chloramphenicol and erythromycin, and significantly higher than tetracycline and penicillin.

The Plus... Consistent Performance

Yet antibiotics must not only work. They must work consistently. Here are the results from the largest study of microbial susceptibility ever undertaken. In 29,048 cultures of overt staphylococcal and β-hemolytic streptococcal infections, note the consistency of results with TAO.

TAO®
[triacetyloleandomycin]

ROERIG Rx

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TAO Rx information

Indications: The bacterial spectrum includes: streptococci, staphylocci, pneumococci and gonococci. Recommended for acute, severe infections where adequate sensitivity testing has demonstrated susceptibility to this antibiotic and resistance to less toxic agents. **Contraindications and Precautions:** TAO (triacetyloleandomycin) is not recommended for prophylaxis or in the treatment of infectious processes which may require more than ten days continuous therapy. In view of the possible hepatotoxicity of this drug when therapy beyond ten days proves necessary, other less toxic agents, of course, should be used. If clinical judgement dictates continuation of therapy for longer periods, serial monitoring of liver profile is recommended, and the drug should be discontinued at the first evidence of any form of liver abnormality. It is contraindicated in pre-existing liver disease or dysfunction, and in individuals who have shown hypersensitivity to the drug. Although reactions of an allergic nature are infrequent and seldom severe, those of the anaphylactoid type have occurred on rare occasions. **References:** 1. Isenberg, Henry D.: Health Laboratory Science **2**:163-173 (July) 1965. 2. Fowler, J. Ralph et al: Clinical Medicine **70**:547 (Mar.) 1963. 3. Isenberg, Henry D.: Health Laboratory Science **1**:185-256 (July-Aug.) 1964.

Continued

and patient do everything right, an adverse reaction still is possible and medical science probably never will find a way to make it otherwise.

"There is no such thing as 'miracle legislation' which automatically produces a drug utopia."

In a speech highly critical of the ethical drug industry at the annual meeting of the PMA, Goddard talked of irresponsibility. He said "too many drug manufacturers may well have obscured the prime mission of their industry: to help people get well." He said he had been shocked by the quality of some of the data on new drugs submitted to the FDA. There also "is the problem of dishonesty in the investigational drug stage," he said.

Goddard further charged that some drug advertisements "have trumpeted results of favorable research and have not mentioned unfavorable research; they have puffed up what was insignificant clinical evidence; they have substituted emotional appeals for scientific ones."

Stetler said after the speech that he and his colleagues feared the talk "might, unfortunately, be interpreted as an indictment of the entire drug industry, because of its overemphasis on isolated instances, without acknowledging the integrity and responsibility which our industry has consistently demonstrated."

"It is an unassailable fact," Stetler said, "that the scientific attainments and standards of performance of the American prescription drug industry have provided an immeasurable benefit to the improvement of health and the prolongation of life."

MEDICARE GETS DEADLINE EXTENSION

Officials estimate that the hospitalization part of Medicare will cost about $2.3 billion in the first year of the program which starts July 1.

Benefit payments under Plan B, the medical part of medicare, are estimated at $765 million for the first year. Premium collections—$3 per person per month—are estimated at $550 million, which will be matched by the federal government.

Persons 65 years or older have until May 31 to sign up for Plan B. The original deadline for signing up was March 31. On that date, 1.3 million of the 19.1 million persons 65 or older had not indicated whether they wanted Plan B coverage. About 16.8 million, or 88%, had signed up and one million, or about five percent, had said they did not want the coverage.

President Johnson signed the deadline extension into law at a ceremony at a federally-financed apartment project for the elderly at San Antonio, Tex., while he was spending the Easter holidays at his Texas ranch.

Rep. Durward Hall, M. D., (R., Mo.) reported that a poll of his constituents showed them overwhelming against extending Medicare to persons of all ages. Of 13,760 persons replying to a questionnaire, 86.3% said "no" to the question: "Do you favor increasing Social Security taxes to finance a compulsory medical program for the entire population?" "Yes" answers totaled 11.2% and 2.5% didn't answer the question.

HOSPITALS LOSE FEDERAL FUNDS

The federal government received segregation complaints against about 320 hospitals after a special policing agency was set up in the Department

Continued



incisive

A good way to describe 'Stelazine'. It's different from the tranquilizers that sedate and dull your anxious patients. Its antianxiety effect is direct. On 'Stelazine', your patients can be calmed yet remain alert.

And 'Stelazine' offers additional benefits. Dependence has not been reported. At low doses, side effects are minimal. Its b.i.d. dosage is convenient and economical.

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Indications: Symptoms of excessive anxiety. *Contraindicated* in comatose or greatly depressed states due to CNS depressants and in cases of existing blood dyscrasias, bone marrow depression and pre-existing liver damage. *Principal side effects,* usually dose related, may include mild skin reaction, dry mouth, insomnia, fatigue, drowsiness, dizziness and neuromuscular (extrapyramidal) reactions. Muscular weakness, anorexia, rash, lactation and blurred vision may also be observed. Blood dyscrasias and jaundice have been extremely rare. Use with caution in patients with impaired cardiovascular systems. Before prescribing, see SK&F product Prescribing Information.

Smith Kline & French Laboratories, Philadelphia

SK&F

of Health, Education and Welfare.

Dr. Philip R. Lee, HEW Assistant Secretary for Health and Scientific Affairs, said that about 100 of the complaints were settled by negotiation with the hospitals.

"This leaves us with pending complaints against approximately 220 facilities, most of which have been investigated and found to be out of compliance and therefore ineligible for new federal funds," he said.

MORE AID FOR DISABLED ON WELFARE

President Johnson has ordered that steps be taken to give rehabilitation aid to more of the disabled persons on public welfare.

In a letter to HEW Secretary John Gardner, President Johnson noted that the federal budget for fiscal 1967 would provide for vocational rehabilitation training for 215,000 handicapped persons, a 25% increase over the present year, and added:

"As we plan for the larger program I believe we should do better than we have in rehabilitating persons who are now on our public welfare rolls. In the last several years, although the absolute numbers have increased, the proportion of welfare recipients receiving training has declined from 15% to 13%. I think this trend should be reversed

"I would like you to review the possibilities in this area and report to me with recommendations for federal and state action by June 1." ◄

Medical Missionary Program Planned

The American Medical Association's 115th Annual Convention in Chicago June 26-30, will feature a series of programs, over a four-day period, of special and general interest to the physician working or planning to work in the missionary field.

The AMA Department of Medicine and Religion is focusing attention on the programs in recognition of the recent increased involvement of American physicians in world-wide humanitarian work. The interest in this work partially stems from the current, vigorous emphasis by U. S. religious groups on world health activities.

Special Sessions: The programs will be of interest to the physician who donates his time and skill to medical missionary work on a short-time basis, as well as those who devote extended periods of time or their careers to such work, the AMA department said.



ECONOMY

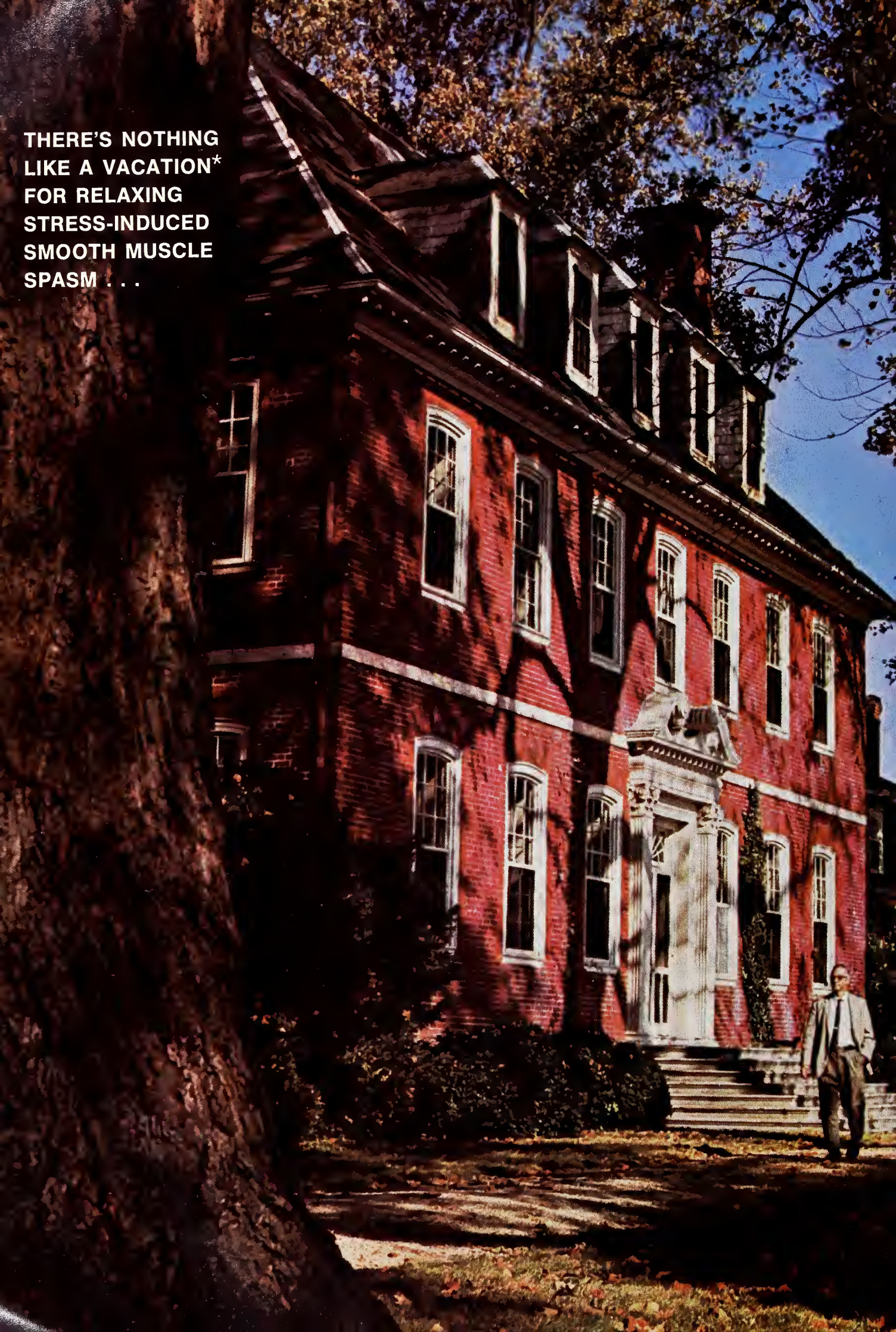
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. . . NOTHING, THAT IS,
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BENEFITS OF

DONNATAL®

There's nothing quite like a vacation to ease the pressures of the modern, "workingday" world. And for the patient who can't get away from it all, there's nothing quite like Donnatal to relax stress-induced smooth muscle spasm. For 31 years it has been the antispasmodic-sedative most often prescribed for relieving functional disturbances of tone and motility of the gastrointestinal tract.

belladonna alkaloids in optimally balanced ratio

In Donnatal, natural belladonna alkaloids are rationally balanced in a specific, fixed ratio that provides "the greatest efficacy with the smallest possible dose."[1] They avoid the clinical uncertainties of the variable tincture and extract of belladonna, and are considered superior in range of action to atropine alone.[2] Furthermore, they are generally recognized as being more effective than the synthetics for relieving visceral spasm.

phenobarbital for sedation

Years of clinical use have established phenobarbital as one of the most efficient and highly regarded sedatives. In fact, for general sedation it is the drug of choice.[3] In Donnatal, phenobarbital potentiates the spasmolytic effects of the belladonna alkaloids, lessening emotional tensions and checking the neurogenic impulses that trigger GI disorders.

more than 24 indications in PDR

Donnatal has withstood the test of time to become the classic sedative-antispasmodic because of its unsurpassed effectiveness, safety, economy, uniformity of composition, and dosage convenience. Its widespread acceptance and usage by the profession can also be attributed to its versatility in treating disorders characterized by smooth muscle spasm. There are more than two dozen distinct and separate indications for Donnatal listed in the current PDR.

IN EACH TABLET, CAPSULE, OR (5 cc.) OF ELIXIR

hyoscyamine sulfate	0.1037 mg.
atropine sulfate	0.0194 mg.
hyoscine hydrobromide	0.0065 mg.
phenobarbital	(1/4 gr.) 16.2 mg.

(warning: may be habit forming)

IN EACH EXTENTAB

hyoscyamine sulfate	0.3111 mg.
atropine sulfate	0.0582 mg.
hyoscine hydrobromide	0.0195 mg.
phenobarbital	(3/4 gr.) 48.6 mg.

(warning: may be habit forming)

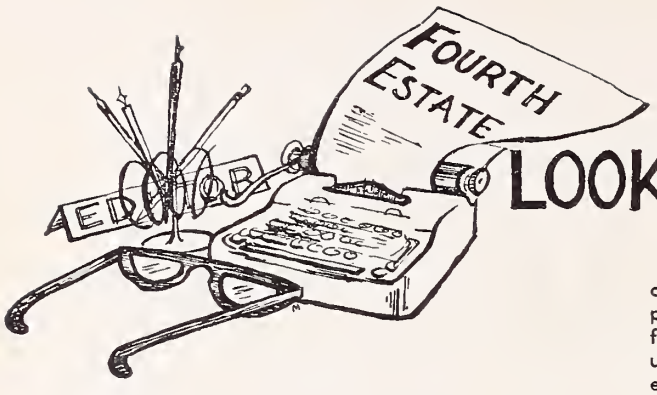
BRIEF SUMMARY: Blurring of vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur on higher dosage levels, rarely on usual dosage. Administer with caution to patients with incipient glaucoma, or urinary bladder neck obstruction. Contraindicated in acute glaucoma, advanced renal or hepatic disease, or a hypersensitivity to any of the ingredients.

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*This one at Westover, elegant Colonial Virginia plantation, located on the James River near Richmond. Built in the early 1730's by William Byrd II, founder of Richmond, it is now the home of Mrs. Bruce Crane Fisher.

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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Growing Crisis In Medicine

A heart specialist has estimated that 45,000 heart attack victims who die shortly after their attacks could be saved each year if major United States hospitals had intensive care units.

Too few hospitals do. The cost in human life is high. An intensive care unit needs an around-the-clock staff of highly skilled doctors, nurses and technicians at top alert.

This is one measure of the shortage of doctors, nurses and medical technicians and facilities which grows more acute day by day.

America has approximately a quarter of a million doctors, one for every 760 people in the country. Population growth is outstripping this ratio.

The nation's medical schools are graduating about 8,000 doctors a year. If they are to keep in ratio with population growth the output must rise to 10,000 or 12,000 by 1975.

At least 13 new medical schools are being started, but it takes something like 10 years and spending of $35 million or more before the first class of doctors is graduated from a new school. Moreover, the 13 new schools will be only a drop in the bucket.

The doctor shortage is complicated by the fact that only 63 out of 100 physicians are in private practice. Most of the rest are in research. No one will deny that research is essential. Yet sluicing off doctors into this field intensifies the problem.

Unless action is taken soon to educate more doctors, hospital waiting rooms are likely to become even more crowded than they are. Emergency cases will have to wait even longer for treatment meaning the difference between life and death. And as the demand for doctors and medical service far outruns the supply, the inevitable will happen: fees and medical costs will skyrocket.

The Medicare program is bound to add to these problems by further taxing insufficient doctor and hospital care resources.

If no other interests act to solve the doctor shortage, the Federal government most likely will be called by an irate country to fill the vacuum of responsibility, to build medical schools, set standards of student acceptability and training and determine the output quotas.

Government intervention could bring, as it so often has, deterioration in the quality of education and service and at the same time engulf a considerable part of the medical profession in politics.

We hope that this does not happen. What is the alternative?

The American Medical Association, long a champion of high quality in medicine and autonomy in the profession, could open a hard, tough campaign enlisting the talents of its most intelligent and dedicated members, to push for the creation of enough new medical schools to head off the shortage.

Leaders of industry and industrial foundations which are pouring millions of dollars into research and projects often of secondary importance could get together with leaders in the medical profession to finance and develop such a campaign.

The resources are available. So is the money. So are the brains and talent. The need now is for determination, will power

Continued

to help relieve pain in common anorectal disorders

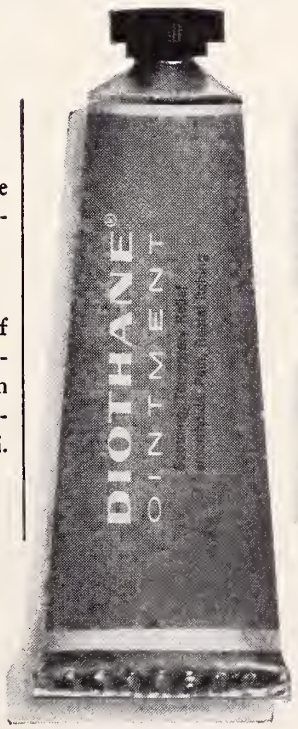
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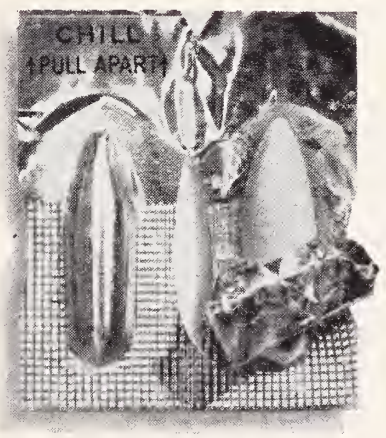
Diothane—with its chemically distinct "non-caine" anesthetic agent diperodon—provides effective temporary topical anesthetic and emollient actions for soothing relief of anorectal pain. Anesthetic activity is effective and relatively prolonged; sensitization is infrequent. Reports to Merrell on 1,500 patients treated pre- and postoperatively with Diothane Ointment, indicate only 22 developed local skin reactions. Reactions to Diothane have been burning or stinging sensations and a few cases of allergic manifestations. An additional advantage: Diothane Ointment and Suppositories are mildly antiseptic. Prescribe or recommend either form...both are now available.

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INDICATIONS:
Provides temporary palliation of pain that may result from hemorrhoidectomy and from common anorectal disorders such as hemorrhoids, anal fissures, pruritus ani.





DIOTHANE SUPPOSITORIES

COMPOSITION:
Each suppository, weighing approximately 2.6 Gm., contains diperodon 1.0%; urea 10.0%; oxyquinoline benzoate 0.1% in a special hydrophilic suppository base. A unique shape keeps the suppository in intimate contact with mucous membranes.

INDICATIONS:
Provide for temporary palliation of pain caused by hemorrhoids and pruritus ani.

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Continued

and inspired direction.

This could keep the great American medical profession in the realm of free enterprise and out of the limbo of governmental intervention and socialization which is a growing threat.—*The Indianapolis Star*, March 8, 1966.

On The Right Track

By focusing attention on accident-prone drivers, the Governor's new traffic safety study committee is taking a sound approach to the problem of weeding out "killers on the streets and highways."

The committee of physicians making recommendations for toughening license requirements are concentrating on the motorists who actually have the most accidents.

Statistically and logically, they are bad risks and they should get sharp scrutiny. There is every reason to suspect that a driver who has three accidents in a three-year period may lack the physical and mental capacity to pilot two or three tons of hurtling steel through crowded city streets or along busy highways. This is particularly true if the accidents are serious ones, not minor fender scratching mishaps, a point which should be kept in mind.

The doctors' recommendation, that the repeater should undergo examination by a physician and submit the results with his license application, seems to us the basis for a fair policy. It is not inconceivable that a mentally competent and physically sound driver could be a victim of coincidence or plain bad luck. But expert medical examination would indicate in most cases whether he had disabilities which would make him a danger to himself and others if he took the wheel.

The committee also is recommending a centralized system of records containing significant data on each driver, studies to determine relationships between physical disabilities and accidents, blood alcohol tests of victims of fatal accidents, a study of the effectiveness of present eye tests and behind-the-wheel tests of drivers 70 or older.

The doctors, who are weighing the problem at the request of Governor Roger D. Branigin, are on the right track.—*The Indianapolis Star*, March 28, 1966.

Cancer Optimism

Every now and then someone knowledgeable has something to say that encourages and sustains the hope of mankind for a breakthrough in the fight against cancer. The opinion expressed not long ago by Dr. Morris Fishbein, for 25 years editor of *The Journal of the American Medical Assn.*, is noteworthy in this respect.

"This is not the time to be pessimistic about cancer," he said. Rather, it is "a time to be optimistic because of the marvelous strides being made in cancer research. The situation is not as desperate as people once thought."

Indeed, the situation is not as desperate as it once appeared. For, as Dr. Fishbein pointed out, there are today some drugs that are effective in controlling the growth of cells. And, moreover, considerable progress is being made on the early detection front and surgical procedures improve for coping with cancer in its early stages.

Some investigators are convinced that cancer viruses are present in all of us, lying in wait for the opportunity to strike. If so, research pointing the way to growing human viruses in laboratories raise the prospects for the first anti-cancer vaccine—similar to the one that finally conquered polio. In anticipation of the day when a human cancer virus will be identified, the National Cancer Institute is working out techniques for growing viruses in the large quantities that will be needed to develop protective vaccines.

The stakes in the struggle are high. Of the Americans who will die this year, one in six will die of cancer. That is approximately 300,000 persons.

All of the evidence of gains in research and treatment warrant the optimism that Dr. Fishbein exudes despite the years of frustration in the search for victory. His view that a cure (or preventive) can be

Continued



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Lirugen is comparable to other live vaccines in effectiveness and duration of protection given:

Clinical trials have established an efficacy of 97% to 100% in measles susceptible children.[1-6]

Recently published evidence provides strong support that one injection of Lirugen should provide lifelong immunity.[7]

Contraindications: Pregnancy; leukemia, lymphoma and other generalized malignancies; brain damage in children under one year of age; febrile illness; allergy to egg proteins, neomycin or streptomycin. Precautions: Use cautiously in patients with a history of tuberculosis and patients being treated with steroids, irradiation, alkylating agents, and antimetabolites. Consult package literature before administering Lirugen.

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7. Krugman, S. et al.: J. Pediatrics, **66**: 471-488, 1965.

DOW **PITMAN-MOORE** Division of The Dow Chemical Company, Indianapolis

expected "almost any time" is heartening to all who live in the shadow of the fear cast by the ruthless killer.—*The South Bend Tribune,* March 5, 1966.

Prices Are Not The Problem

When a tobacco company decided to rescind a planned cigarette price increase in response to a presidential request, a White House spokesman said, "This is good news to all who oppose inflation." We don't think so.

What this does is make one more contribution to the building of the current myth that inflation can be prevented by keeping a superimposed lid on price increases. This is a myth, and a dangerous one. It diverts attention from the true causes of inflation, and the measures which must be taken to remove or offset them.

It is illusory to speak of some arbitrarily fixed rate of price rise as "inflationary," implying that if everyone can be persuaded not to raise prices any faster than that rate inflation will not happen. Price increases are not a cause of inflation; they are a result of it.

Trying to prevent inflation by holding down prices, or talking them down, is like taking aspirin for a headache caused by eyestrain. The aspirin may ease the pain for a while, but it does not prevent the eyestrain. When the effect of the drug has worn off, the headache will come back unless the eyestrain is corrected. The headache may be held down for a long time by continuously taking more and more aspirin. But meanwhile the eyes may be ruined.

Inflation occurs when newly created money supply, in one form or another, is fed into the economy faster than the increase in saleable goods and services. This very simple and basic definition is taken from Melchior Palyi's excellent little book, *An Inflation Primer.*

As Palyi shows, the new money supply in this country over the past three decades has been created largely in the form of debt, both government and private. From 1940 to 1959, Federal debt was multiplied by almost six, state and local debt by more than three, corporate debt by four and individual debt by five. From 1950 to 1959 net individual debt rose almost twice as fast as disposable personal income.

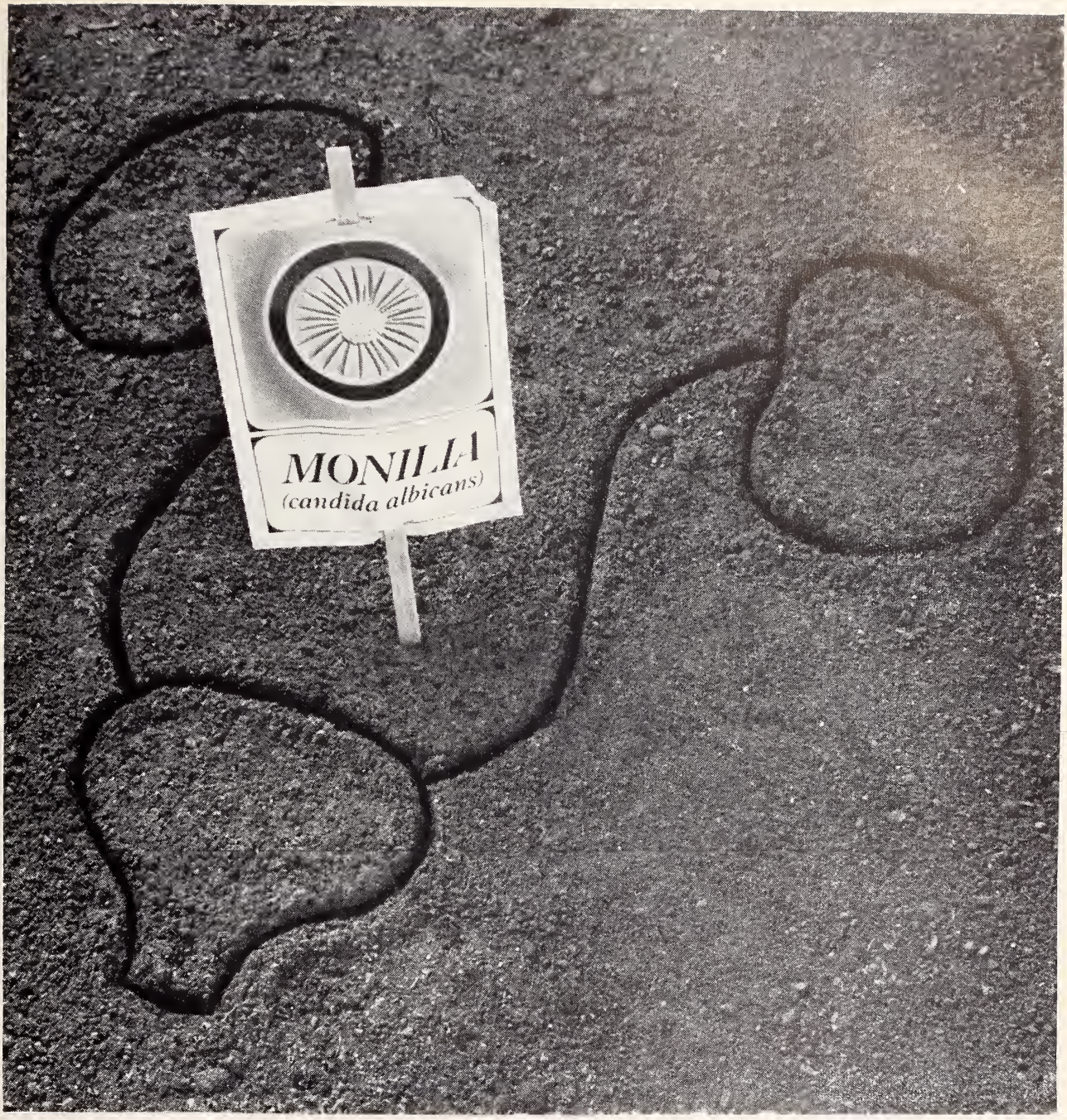
The average annual increase in the physical volume of saleable goods and services is figured at about two percent, perhaps a little more according to some statisticians. The money supply over the past three decades has been rising, largely through debt, at an average annual rate of six percent. That's the cause of inflation.

Holding prices down, by whatever means, won't stop it. Sooner or later the lid will rupture and prices will go up, anyway.

In order to check inflation, government must first of all stop the creation of new debt in its own operations. It must begin to operate and continue to operate on a balanced budget. Then government must take steps to control credit expansion in private activities. By these measures the increase in created money supply can be brought into balance with the capacity of the economy.

Then inflation will no longer threaten, because its causes will be removed.—*The Indianapolis Star,* March 22, 1966. ◄

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Contraindication—Hypersensitivity to tetracycline or nystatin.

Warning—If renal impairment exists usual doses may lead to liver toxicity. Under such conditions, lower doses are indicated and, if therapy is prolonged, serum level determinations may be advisable. Hypersensitive individuals may develop a photodynamic reaction to natural or artificial sunlight. Individuals with a history of photosensitivity reactions should avoid direct exposure to sunlight while under treatment, which should be discontinued at first evidence of skin discomfort.

Precautions—Use may result in overgrowth of nonsusceptible organisms. If new infections appear, appropriate measures should be taken. Use during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of teeth (yellow-grey-brownish). This effect has been observed in short treatment courses. In infants, increased intracranial pressure with bulging fontanels has been observed. Reactions which might be encountered include glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and dermatitis.

Average Adult Daily Dosage: 1 capsule (250 mg) four times a day, given at least 1 hour before or 2 hours after meals.

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Contraindications: Ilosone is contraindicated in patients with a known history of sensitivity to this drug and in those with preexisting liver disease or dysfunction.

Side-Effects: Even though Ilosone is the most active oral form of erythromycin, the incidence of side-effects is low. Infrequent cases of drug idiosyncrasy, manifested by a form of intrahepatic cholestatic jaundice, have been reported. There have been no known fatal or definite residual effects. Gastro-intestinal disturbances not associated with hepatic effects are observed in a small proportion of patients as a result of a local stimulating action of Ilosone on the alimentary tract. Although allergic manifestations are uncommon with the use of erythromycin, there have been occasional reports of urticaria, skin eruptions, and, on rare occasions, anaphylaxis.

Dosage: *Children under 25 pounds*—5 mg. per pound of body weight every six hours. *Children 25 to 50 pounds*—125 mg. every six hours. *Adults and children over 50 pounds*—250 mg. every six hours. For severe infections, these dosages may be doubled.

Available in Pulvules®, suspension, drops, and chewable tablets. Ilosone Chewable tablets should be chewed or crushed and swallowed with water.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by The COUNCIL
Volume 59 — May 1966 — Number 5

A case report of a rare and baffling condition of childhood.

Acute, Spontaneous Intracerebral Hemorrhage of Childhood

Non-Traumatic, Non-Congenital

RICHARD G. MEHNE, M.D.
Brazil

VASCULAR disorders are among the most common affections of the central nervous system in adults, but are uncommon in children.

Cerebral embolism in children is also rare; it may result from the dislodgement of a thrombus within the heart in association with cardiac disease. The onset is sudden; the manifestations are dependent upon the particular vessel occluded.

Intracerebral hemorrhage, secondary to hypertension, has been observed in children but is another distinct rarity. Congenital aneurysms, which are usually situated at the point of branching off of one of the larger arteries at the base of the brain in or near the Circle of Willis, are frequently responsible for spontaneous intracranial hemorrhage in children.

Arterial thrombosis which causes a cerebral thrombosis is practically unknown in children. However, there are two conditions which seem closely related, in which thrombosis of the smaller arteries of the brain appears to be an important factor. These conditions are Strumpell's hemiplegia or an acute infantile hemiplegia of obscure etiology, and a group of similar cases in which the cerebral pathology is associated with, or closely follows, an acute infectious disease. The latter is known as acute toxic encephalitis. Both these states are usually initiated by generalized convulsions in association with fever and vomiting and later develop delirium or coma. The acute phase usually recovers completely, but some patients may have generalized, but more often localized, cerebral atrophy as demonstrated by pneumoencephalography.

Thrombosis of the intracranial dural sinuses may develop spontaneously in malnourished children or in children who have had chronic debilitating diseases for a long period of time. More frequently, sinus thrombosis results from the extension of neighboring infection and particularly from the middle ear or mastoid.

Subarachnoid hemorrhage is the most common complication of a craniocerebral injury and of the various hemorrhages which may occur, subarachnoid hemorrhage is the most frequent. Bleeding into the spinal fluid is almost always good evidence of contusion and laceration on the surface

of the brain. Clinical manifestations of irritability, headache, nausea and vomiting associated with fever within the course of the first 24 hours are well known.

Subdural hematoma is not uncommon in infants. It usually develops from the tearing of the cortical veins at the point where they enter the superior longitudinal sinus. Because of gradual osmosis, the hematoma progressively increases in size and produces signs of increased intracranial pressure. Since this is often a slow and gradual process, symptoms may not appear for weeks or even months after the original injury.

Case Report

On January 26, 1965, I was called by the parents of an 11-year-old girl who had not been ill but who began complaining of severe headache. Within a period of five minutes, the parents again called and said that the child was having an increasing amount of pain. On initial examination, 15 minutes after the onset of cephalalgia, it was obvious that the patient had a left hemiplegia. The left arm and leg were semispastic and the child could not walk. Temperature was 98 degrees, rectally; blood pressure was 84/62. The parents denied any recent illness, and the child recognized the attending physician. Both the child and parents denied any recent injury, which was later substantiated.

The lungs were clear; there was no evidence of any abnormal abdominal pathology and the child had not taken any recent medication. Deep and superficial reflexes of the right arm and leg were normal. There was no nystagmus or nuchal rigidity. Within a few minutes, the child began to scream and then there were periods of confusion. In her lucid periods, she begged God for help to relieve her suffering. The parents were advised that their daughter had suffered an acute cerebral hemorrhage, and within 30 minutes of the onset of cephalalgia, she was placed under the care of a pediatrician and a neurosurgeon.

Spinal tap under the direction of consultants revealed a grossly bloody spinal fluid and an opening pressure of 300 + mm. She was placed under sedation and expired in about 20 hours. No neurosurgical work-up could be performed due to the patient's rapidly declining condition.

An autopsy revealed:

(1) Intracerebral hemorrhages
(2) Lymphoid hyperplasia of the spleen
(3) Congestion of organs
(4) Pulmonary edema

The right lateral ventricle was the site of bleeding. Careful examination failed to localize the actual bleeding point or determine the reason thereof. No specific reason for the patient's intracerebral hemorrhage was evident. ◄

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Tracheostomy is a life-saving operation. New indications for it are being recognized. Careful attention to operative details and proper postoperative care are imperative to avoid serious complications and to obtain the procedures' many benefits.

The Hazards of Tracheostomy

HARLAN B. MOSS, M.D.
Indianapolis

FROM the time of Asclepiades two centuries B.C.,[4] until 1943, tracheostomy was used sparingly for the relief of upper airway obstruction. Galloway[13] suggested in 1943 that tracheostomy was useful in bulbar poliomyelitis cases, especially as a means for aspirating secretions from the respiratory tree. He reported three cases, two of whom survived and recovered. He continued the use of the Drinker respirator for ventilating his patients.

In 1950, Baronofsky suggested the use of tracheostomy in chest trauma cases and also as a means for aspirating excessive secretions. He reported the successful treatment of a single case of chest trauma caused by a train-auto collision.[2]

These papers heralded a widespread resurgence of interest in tracheostomy as a life-saving procedure. In 1952, a poliomyelitis epidemic in Scandinavia provided an opportunity for testing Galloway's suggestion. The reports of the results were quite favorable. Gradually tracheostomy was combined with artificial ventilation by mechanical means. For those who had to wrestle patients into and out of the cumbersome iron lung, this was a welcome advance.

Tracheostomy is now used in many other respiratory afflictions.[20] Such diseases as tetanus,[19] severe emphysema,[3,15] eclampsia, botulism and chronic pulmonary fibrosis have become indications for tracheostomy. Many cases of severe head injury with prolonged unconsciousness are now treated by means of tracheostomies and ventilating machines.[12,18] Overdoses of barbiturates or other central nervous system poisons that cause apnea are also indications for tracheostomy with assisted respiratory ventilation. In the tropics the poisonous snakebite falls into the latter category.[7]

There is no way to estimate the number of lives that have been saved by the use of tracheostomy. No doubt there have been many. But like every other surgical procedure, there is a certain risk involved and since the procedure deals with one of the most vital of all body functions, that risk is high. There are few estimates in the literature of the complications of tracheostomy, but those that are available place the complication rate between 25 and 35%.[11,12] The purpose of this paper is to review the hazards involved in tracheostomy and to point out ways to avoid or minimize these complications.

Operative Injury

The one factor that contributes more than any other to operative injuries when performing a tracheostomy is haste. When a patient's oxygenation has become so poor that a tracheostomy has to be performed immediately, then it has been delayed too long. A second factor contributing to operative injury is a restless patient. An individual who has to fight for air isn't likely to be cooperative and local anesthesia won't relieve his restlessness. Anyone who has done a hasty tracheostomy on a thrashing patient prefers not to have to do it again. These are the reasons for the old admonition we have all heard, "Do a tracheostomy when you first think of it." In other words

eliminate the haste. Add to this the recommendation, "Do it in the operating room with a competent anesthetist giving the anesthetic" and eliminate the patient's restlessness.

If a tracheostomy can be done deliberately on a quiet patient, there is no need to injure adjacent blood vessels, nerves or the esophagus. The opening in the trachea need not be too high, injuring the cricoid cartilage or too far to one side so that changing a tracheostomy tube is made difficult or impossible. Nor is a fancy tracheotome necessary when there is no element of haste.

Tight closure of the skin about the orifice of a tracheostomy can lead to subcutaneous emphysema in the immediate postoperative period. This may not be fatal, but it is inconvenient and sometimes alarming. Loose closure is advocated.

Early Postoperative Complications

Mechanical mishaps rank high among the causes for tracheostomy complications. If the patient continues to be restless and uncooperative, he can easily dislodge the tracheal tube. Should this happen in the immediate postoperative period, it is sometimes difficult to reinsert the tube since a tract has not had time to form. Some of the causes for reinsertion errors can be traced back to the operation itself. If an inadequate opening has been made in the tracheal rings, then it may be impossible to replace the appliance. Figures 1, 2, 3 show three ways to avoid this mishap. A round opening in the trachea can be made by excising portions of the tracheal rings on each side so that a complete circular defect in the trachea is left to accommodate the tube (Figure 1).

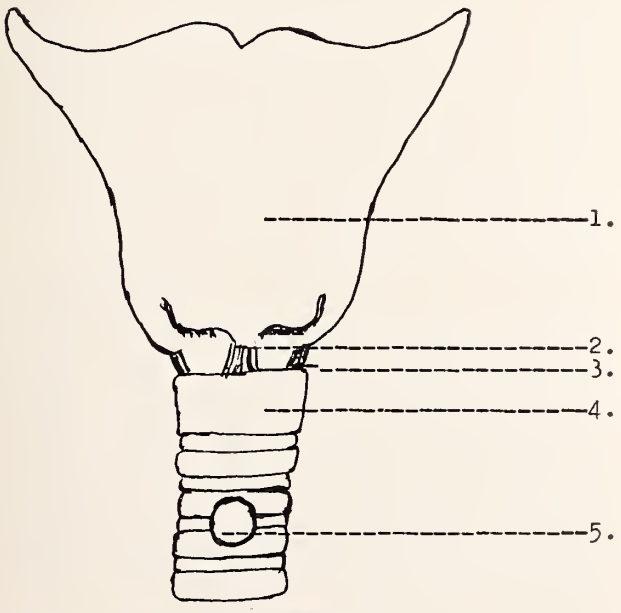


FIGURE 1

1. Thyroid cartilage
2. Medial cricothyroid ligament
3. Anterior ceratocricoid ligament
4. Cricoid cartilage
5. Circular tracheostomy (Portions of two cartilages and intervening membrane have been excised.)

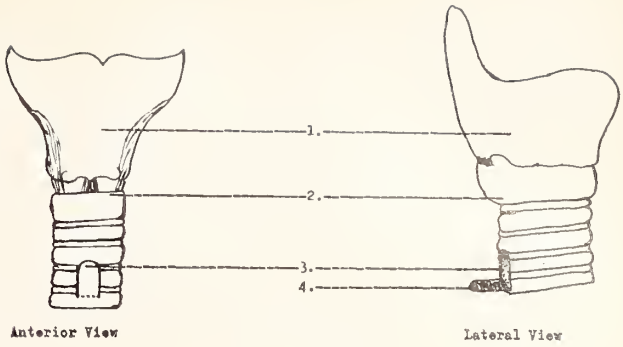


FIGURE 2

1. Thyroid cartilage
2. Cricoid cartilage
3. Inverted U opening in trachea
4. Cartilage flap (May be sewed to skin or fascia.)

A second method is the inverted U opening in the trachea (Figure 2). In this procedure, an adequate tract is assured by sewing the cartilage to the deep fascia, subcutaneous tissue or skin. The third method utilizes a longitudinal slit in the trachea with long, heavy silk sutures sewn through each side of the opening so that the size of the orifice can be enlarged by traction on the sutures while the tracheostomy appliance is re-inserted (Figure 3). The disadvantage in the third method is obvious if one of the traction sutures pulls out too soon.

Each of the diagrams indicate the opening of the trachea in the anterior midline. This is where it should be. If the trachea is rotated so that an orifice is made on one side or the other, re-insertion of a tube can be difficult because the trachea returns to its normal position upon removal of the appliance for cleaning.

The most critical period in the care of a patient with a tracheostomy is usually the first two or three days after operation.

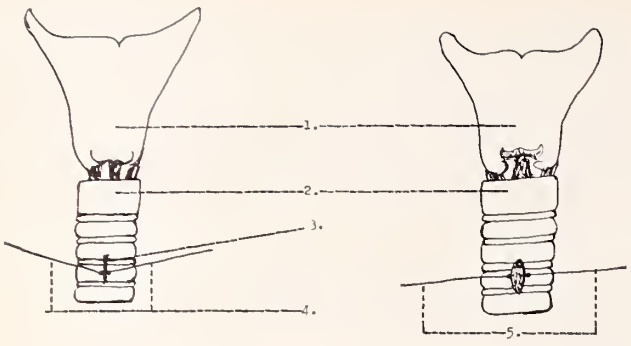


FIGURE 3

1. Thyroid cartilage
2. Cricoid cartilage
3. Vertical incision across trachea
4. Silk sutures through edges of cartilage
5. Traction on sutures widens slit in trachea to accommodate tube

During this time excessive secretions are present, perhaps because of a foreign body (the tube) in the trachea. It is often necessary to change the tube because of the secretions in order that a clean airway can be maintained. It is the opinion of the author that the tracheostomy tube should be changed the first two or three times by the surgeon who did the operation. Only the surgeon who operated on that patient knows the anatomy and mechanics involved. Delegating such responsibilities to the nurse, medical student or intern who may know nothing about the patient or his operation cannot be condoned. When such duties are delegated, the tracheostomy appliance can be misplaced in the tissues of the lower neck so that it lies against a great vessel. It takes no acute imagination to visualize the dramatic and fatal results if erosion of the vessel occurs.

Vertical or horizontal skin incisions for tracheostomy each have their proponents. In general, the horizontal incision is the more optimistic of the two approaches, since the surgeon believes the patient will live long enough to be concerned about a scar. On the other hand the midline vertical incision is usually less bloody. The horizontal incision probably means a more leisurely approach to the operation while the vertical opening is used more often in emergencies.

In infants and children, the small caliber of the trachea can lead to disaster.[5] The appliance may become lodged against either the anterior or posterior wall of the trachea leading to partial or complete occlusion of the tube orifice. A "snowplow effect" can be produced if the end of the tracheostomy tube gouges into the tracheal mucosa with each respiratory cycle.[10] If there is any doubt about the position of the appliance, x-rays, both AP and lateral, should be taken. Sometimes placing a tube with a different curve to it will correct the obstruction.

In the immediate postoperative period, a patient with a tracheostomy may exhibit marked abdominal distension. This can be caused by aerophagia.[11,14] The patient is trying to swallow the tracheostomy tube. In a patient with multiple injuries, however, close examination is necessary to make sure that on intra-abdominal injury with subsequent peritoneal irritation or infection is not the cause for this distension.

With a tube in place for several days there is always the danger of granuloma formation from chronic irritation.[1,23] Especially in infants or children, such intraluminal masses of tissue can quickly lead to partial or complete occlusion which is lethal. Bronchoscopic examination may be necessary to find and remove these masses of tissue.

Ventilating machines, while they have been a great boon in the care of patients who cannot breathe for themselves, have also been the causes for some rather dramatic and disastrous accidents. Once again, restlessness can lead to dislodging the tube so that it lies in the subcutaneous tissues. Rapidly progressing, subsequently fatal, subcutaneous emphysema results when positive pressure machines continue to force air into the tissue planes of the neck.

Positive pressure machines have also contributed to severe tension pneumothorax, especially in chest injury cases.[14] Often an accident victim will have normally expanded lungs when admitted to the hospital. Within a few hours a second chest film will show some degree of pneumothorax. If a patient with chest injuries is placed on a ventilating machine, he can develop a marked tension pneumothorax in a matter of minutes. This can lead, not only to a marked defect in oxygenation, but also to circulatory interference when pressure on the great veins to the heart becomes high enough.

The only way to avoid this disaster is to

watch the patient very closely for signs of pneumothorax. In such an individual, when positive pressure machines must be used to maintain ventilation, tube thoracostomy with underwater seal drainage or continuous pump aspiration has to be done.

Infection is a hazard that stalks every patient with a tracheostomy. There are several reasons for this. The upper airway protection of the nose, pharynx and larynx are bypassed. While there is some filtering action in this area, the main benefit is from humidification. In tracheostomy patients this loss of moisture from the inspired air can lead to marked drying of the mucosa, and, if not corrected, to crust formation within the trachea.[8] These crusts can contribute to the growth of virulent bacteria with subsequent infection. Artificial humidification by some means is necessary.[17] The debilitating effect of prolonged stress in an injured patient is hard to measure, but it is there and undoubtedly plays a part in the patient's susceptibility to infection.

The individual with a tracheostomy has lost the ability to cough effectively. Secretions accumulate quickly and can only be removed by aspiration. Any time a catheter is introduced into the tracheobronchial tree, there is danger of inoculating the patient with virulent organisms. Because hospitals, again in recent years, have been subjected to notoriety as havens of infection, it is mandatory that strict asepsis be used in aspirating the tracheobronchial tree.[17,22]

Late Postoperative Complications

Patients on prolonged positive pressure ventilation are likely to have trouble from erosion of the trachea. In order to maintain positive pressure, cuffed tubes must be used. The pressure of inflated cuffs will cause mucosal and cartilage erosion unless great care is taken. The cuffs must not be overdistended. They should be changed daily, and oftener if indicated, for cleaning. Recently a double-cuffed tube has been proposed as a solution to this problem. One balloon is inflated while the other is collapsed. This produces intermittent pressure on at least two areas of the trachea. It is an admirable idea and should be used, but it does not preclude changing the tube frequently.

Another suggestion that has been used is a cuffed tube that inflates only during inspiration. This requires a fairly intricate apparatus, but is an idea worth considering.[9]

Overdistension of a balloon on a tube can cause, in addition to erosive complications, occlusion of the lumen of a weak or defective tube by collapsing it or by actually encroaching on the internal opening by bulging over it.[6]

Posterior erosions of the trachea from any cause can lead to tracheoesophageal fistulae.[14] These are never easy to close once they form, yet they must be corrected to prevent contamination of the respiratory tree by digestive juices and food. Gastric and/or esophageal bypass operations may be necessary, and respiratory cripples don't tolerate repeated or prolonged surgical procedures.

The effect of overexpansion of the alveoli by positive pressure ventilation over long periods of time with too high a stroke volume has not been pinpointed. The possibilities of damage seem to be great.

Tracheal stenosis following tracheostomy is sometimes a late complication.[15,16] This usually occurs in cases where the tracheostomy has been placed too high. It is less likely to occur in patients in whom the tracheostomy is done at or below the level of the thyroid isthmus. However, long-term positive pressure ventilation, with its accompanying erosive features, can ultimately lead to cicatrization and stenosis of the trachea at any level. In such cases it is sometimes necessary to excise the scarred area of the trachea. This usually means another tracheostomy which might have to be permanent.

Summary

Tracheostomy has become a much-used, life-saving procedure in the last 20 years. The complication rate in tracheostomies is high, averaging about one-third of the cases. Not all these mishaps are fatal, but any of them can be.

In this paper, the hazards of tracheostomy have been placed, according to their onset, in three separate categories. These

are operative injury, early postoperative and late postoperative complications. In each category ways and means of avoiding trouble are discussed.

Children, especially infants, because of the small caliber of the trachea, present markedly increased hazards when tracheostomy is necessary. Special vigilance by alert personnel, unencumbered by other duties, is needed, at least in the immediate postoperative period.

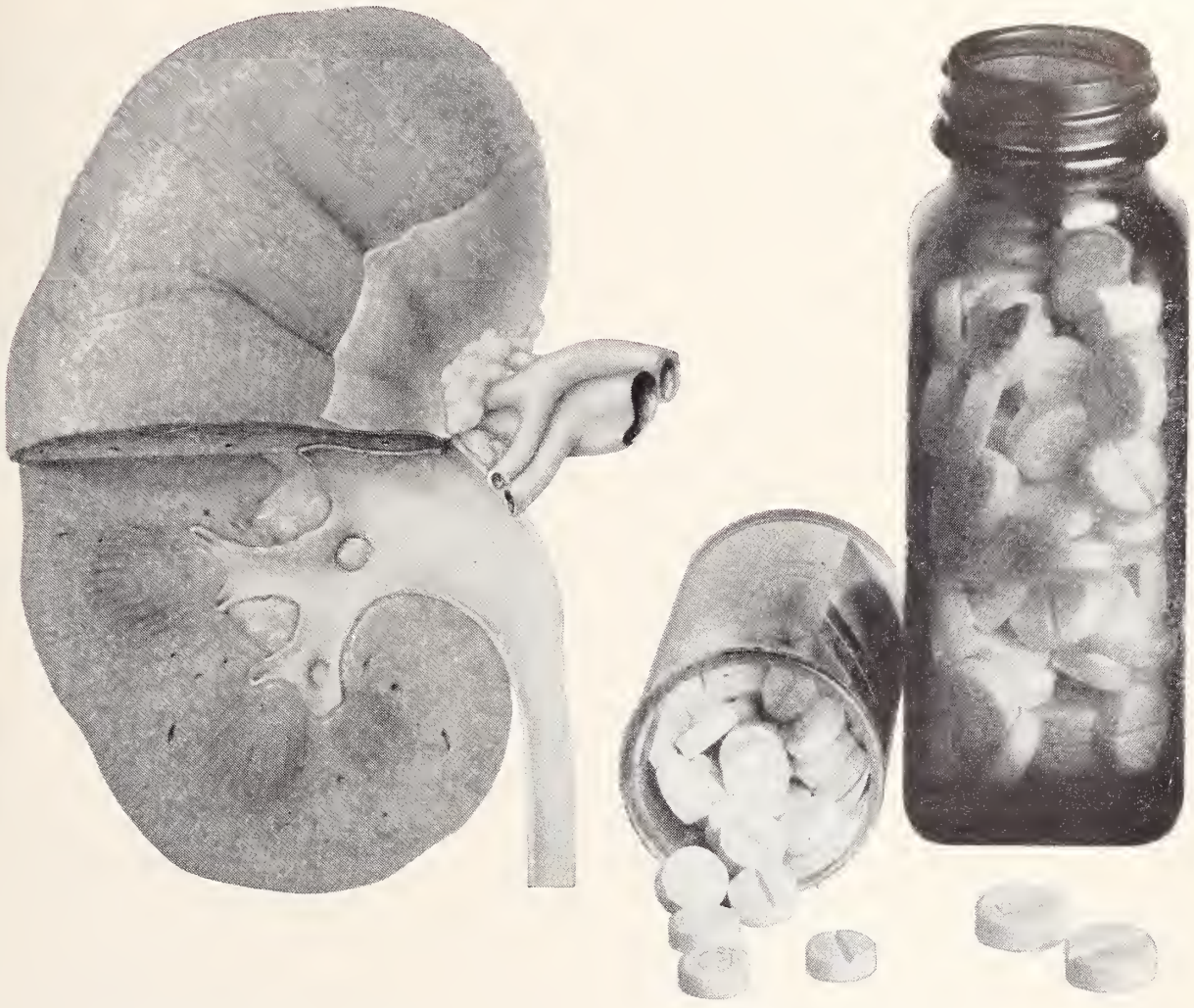
The most dangerous time for tracheostomy patients, as a group, is the first two or three days after operation. Care by trained, wide-awake, conscientious personnel who know what can happen to these patients is of utmost importance.

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Investigation of fetal heart rate in relation to intrauterine pressure during labor is an aid in the appreciation of fetal distress. Specific patterns of this relationship are sought as a means of prognosis.

Human Fetal Heart Rate and Intrauterine Pressure

Relationships Determined Electronically and Recorded as an X-Y Plot

RICHARD W. STANDER, M.D.
Indianapolis*

FOR four years, methods of continuously recording human fetal heart rate during labor have been developed and have undergone refinement at Indiana University. In addition to the original technic of attaching an electrode to the fetal presenting part for the purpose of obtaining a reliable fetal R wave to trigger a tachometer, other methods have also been explored.[1,2,3]

When continuous recording of fetal heart rate is combined with continuous direct recording of intrauterine pressure by the transabdominal method of Alvarez and Caldeyro, striking relationships between these two parameters are noted during the course of certain labors.[4,5,6]

As experience has accrued, it has become obvious that periodic observation by ordinary clinical methods fails to reveal the patterns of heart rate changes occurring during the period of uterine contraction. The use of electronic devices has allowed us to examine a variety of changes in fetal heart rate throughout the course of human labor. It is of potential clinical importance to determine whether or not any given variation in fetal heart rate is a direct result of deficient fetal oxygenation and might be asso-

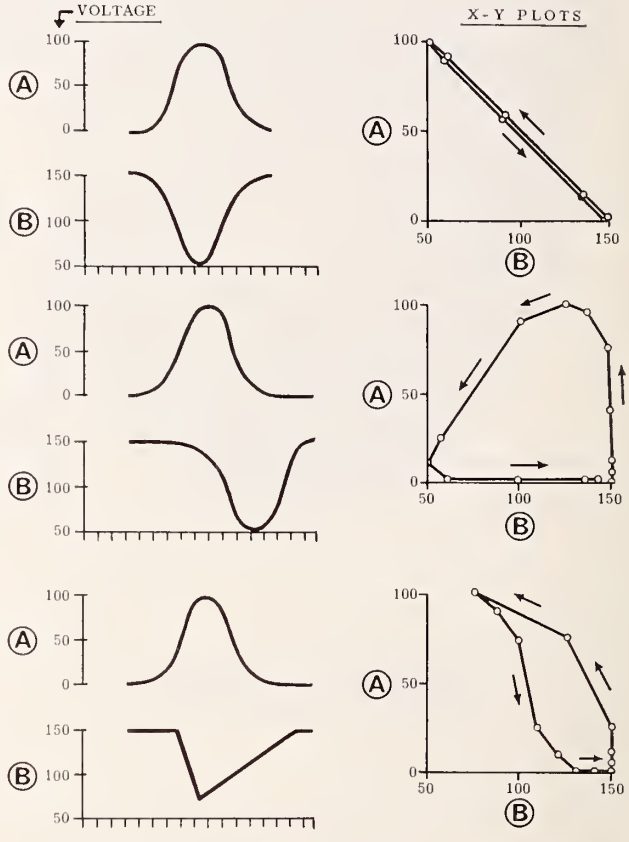


FIGURE 1

THREE pairs of varying voltages are shown in the left hand column. For each individual wave, voltage is plotted on the ordinate scale while the abscissa is represented by time. The right hand column indicates the appearance of the paired voltages as an X-Y plot. The value of voltage A now occupies the ordinate while the value of voltage B is found as the abscissa. The factor of time is preserved by plotting the X-Y function of A and B at specified time intervals. Voltages that are exactly in phase but moving in opposite directions produce a straight line at a 45° angle when plotted as an X-Y function. A shift in phase or change in wave form produces X-Y plots with distinct characteristics.

* From the Department of Obstetrics and Gynecology, Indiana University Medical Center and Marion County General Hospital. Facilities provided by Clinical Cardiovascular Research Center, PHS Grant No. 06308. Supported in part by the Indiana Heart Association.

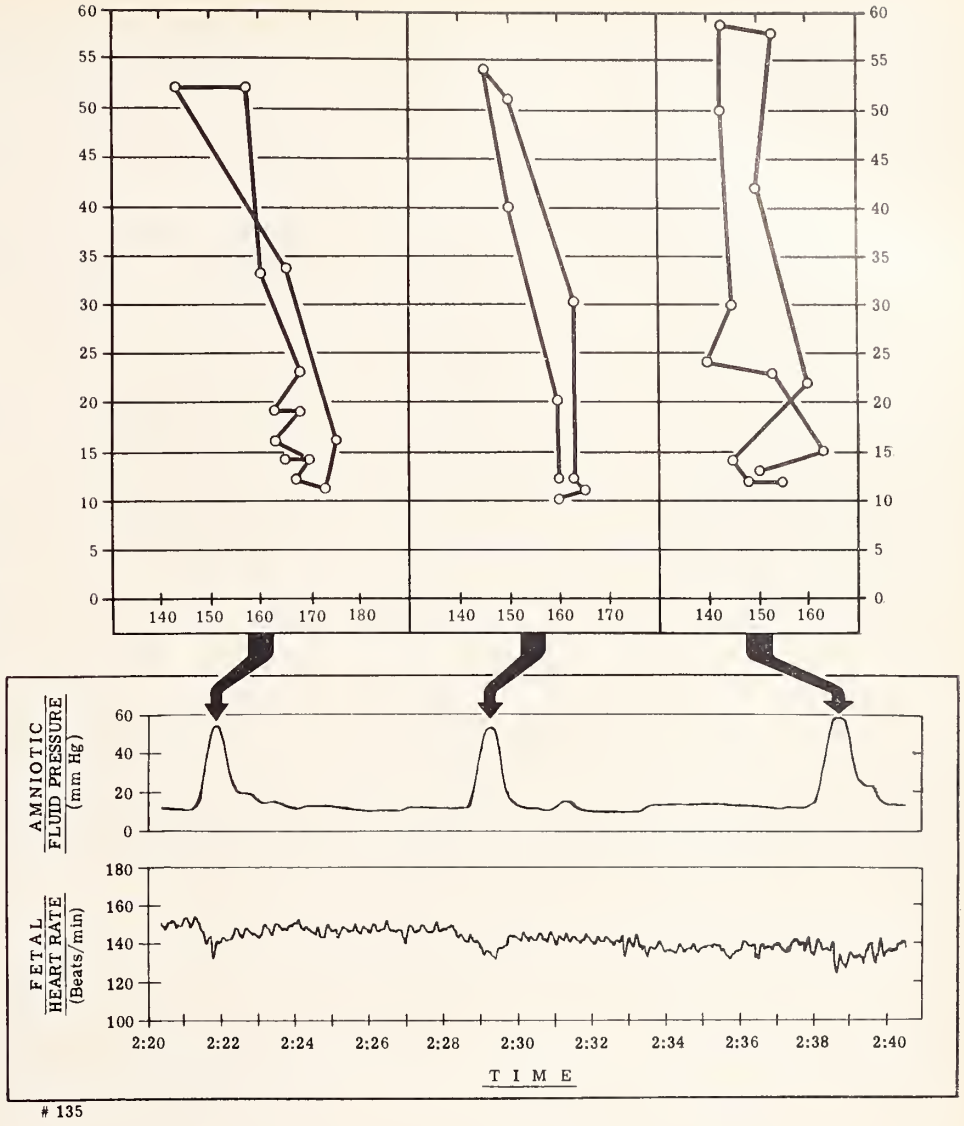


FIGURE 2

RECORDING of amniotic fluid pressure and fetal heart rate indicates only a slight suppression of fetal heart rate during the rise in intrauterine pressure evoked by myometrical contraction. The relationship of intrauterine pressure and fetal heart rate during three contractions is shown as an X-Y function above the actual recording. Intrauterine pressure values rise sharply but there is little resultant deviation in fetal heart rate. Consequently, the X-Y plot is essentially a vertical line.

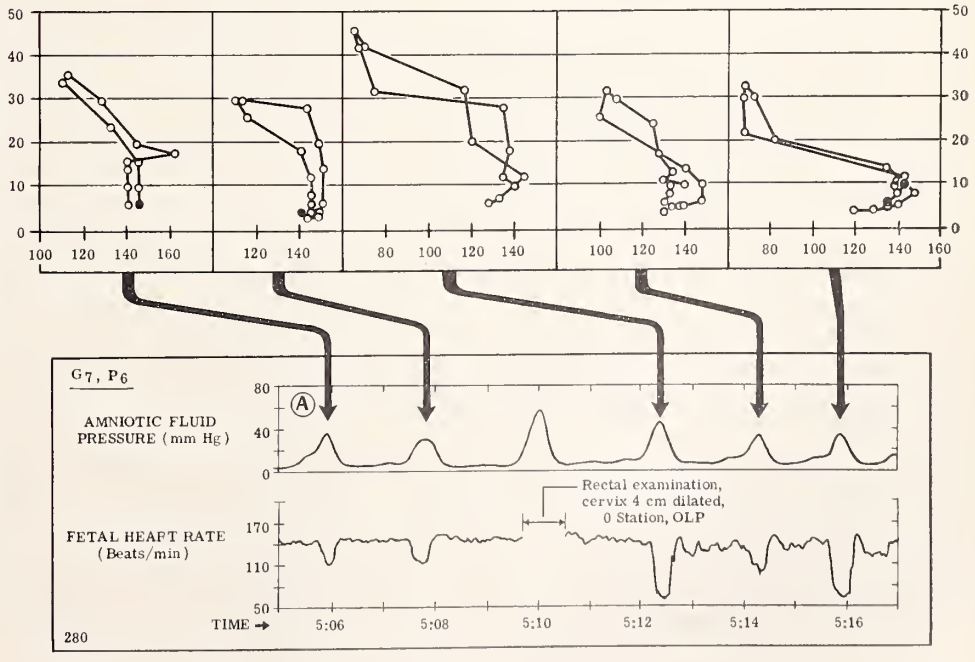


FIGURE 3

THE recording here indicates that there is periodic fetal bradycardia associated with uterine contractions. Although the value to which fetal heart rate falls during a contraction is highly variable, the relationship between intrauterine pressure and fetal heart rate remains remarkably constant. The minimum value for fetal heart rate is closely associated with maximum value for intrauterine pressure during all contractions. Since both parameters are varying at approximately equal rates, but in opposite directions, the series of points of the resultant X-Y plot is chiefly distributed about a line inclined at a 45° angle.

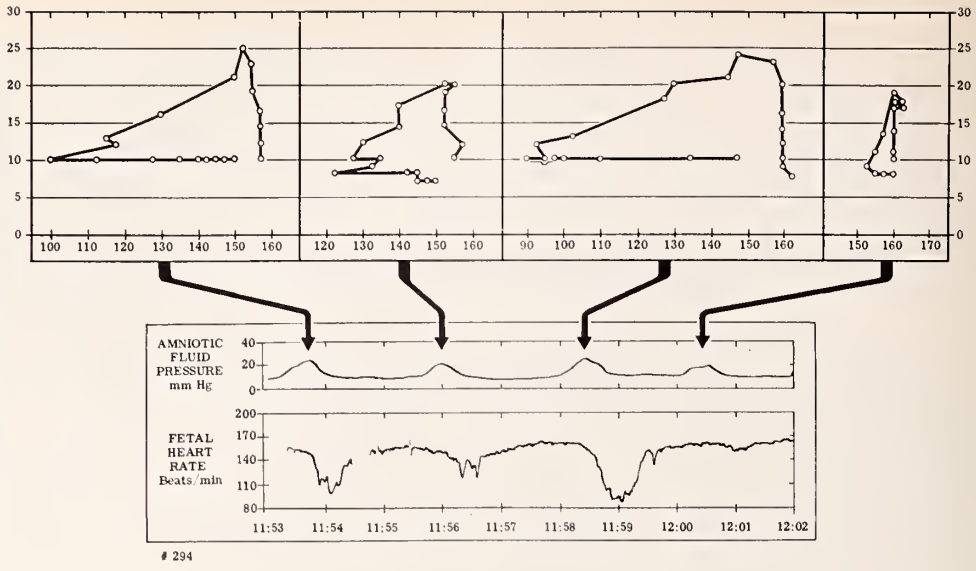


FIGURE 4

MARKED depressions of fetal heart rate are associated with uterine contractions of relatively low intensity. Note that the fall in fetal heart rate does not coincide with the rise in intrauterine pressure as in Figure 3. The onset of fall in fetal heart rate is delayed for a considerable period of time after intrauterine pressure has begun to rise. The minimum value for fetal heart rate is reached after the peak value for intrauterine pressure has occurred. The recovery phase of fetal heart rate to precontraction value extends considerably beyond the period of uterine contraction. All of these relationships are clearly shown in the X-Y plot made from the analog record.

ciated with subsequent stillbirth or delivery of a child with brain damage. However, the variety and magnitude of heart rate change in the fetus has posed a problem in categorizing information. In an attempt to delineate specific patterns, a variety of technics have been employed. This report is concerned solely with results of one approach to the problem of pattern recognition and analysis.

The X-Y Plot

For years, engineers have used the technic of the X-Y plot for examination of phase relationships between two continuously varying voltages. Oscilloscopes and special X-Y plotters have been employed to display or record an almost infinite variety of relationships between two voltages with variable wave forms, amplitudes and frequencies. Figure 1 demonstrates three characteristic X-Y plots, each resulting from a pairing of two voltages with different wave form characteristics.

To explore possible applications of this technic a number of simultaneous continuous recordings were analyzed in the following manner.

The value for intrauterine pressure in mm. Hg. was recorded at intervals of five seconds for a series of uterine contractions. The value for fetal heart rate in beats per minute was recorded at exactly the same interval. A series of X-Y plots was then constructed in which the value for intrauterine pressure appeared on the ordinate and the value for fetal heart rate was plotted on the abscissa. Figure 2 shows the original analog record of intrauterine pressure and fetal heart, as well as the X-Y plot resulting from these two parameters. The recording is from a patient in early labor. Labor and delivery were subsequently normal. The pattern recorded in this patient is that most consistently seen in early normal labors.

Figure 3 represents a segment of continuous recording of both pressure and rate, late in the first stage of normal labor. Although there is a marked depression of fetal heart rate with each uterine contraction, this pattern is not uncommonly seen in late first or second stage of labor. To date, experience has not indicated that this particular pattern is associated with an undesirable outcome of labor with respect to the fetus. This pattern is thought to be mediated through the fetal vagus nerve by direct pressure of the skull on the walls of the pelvis during the contraction period.

Figure 4 is a recording from a labor with a breech presentation in which a loop of umbilical cord was visible between the fetal buttocks and the vaginal wall. The pattern of fetal heart rate as related to intrauterine pressure and demonstrated by the X-Y plot is easily distinguished from the patterns of

Figures 2 and 3. Experience has suggested that this pattern may be associated with conditions that may prejudice the infant other than cord prolapse and compression. We have recorded identical patterns in labor in severe diabetics and in instances where placental circulation and fetal oxygenation were decreased by contractions occurring abnormally frequently and with inadequate interval relaxation.

As experience accrues, it will be possible to more specifically delineate heart rate patterns of the human fetus as related to changes in intrauterine pressure. It is hoped that one or more characteristic patterns will emerge and provide a reliable indication of subsequent fetal distress. The X-Y plot provides one means of record analysis. Although only a research tool at the moment, the X-Y plot may find a future use as an on-line, real time display in monitoring of human fetal heart rate during labor. Recognition of specific patterns may prove more valuable than the actual value of the fetal heart rate at any given point in labor.

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6. Stander, R. W., Barden, T. P.: Fetal Heart Rate Patterns in Normal and Abnormal Labor, *Nebraska State Med. J.* 49:259, 1963. ◄

From *The Journal* 50 Years Ago

. . . Until very recently, the technic of doing a transfusion entailed so many difficulties that the operation could be undertaken only by those who had sufficiently perfected their technical skill in vascular surgery. A variety of cannulas, instruments, special tubes and so on, have been devised to simplify the operation and to make it easy and simple enough to be carried out by anyone with average ability in clinical hematologic work.

* * *

This therapeutic procedure is no longer regarded with the great awe with which it has been looked on hitherto. One no longer needs any apparatus of any sort. All one needs to do is withdraw, by means of a sufficiently large syringe, blood from the vein of the donor and inject it into the vein of the recipient. The blood may be prevented from clotting either by having the syringe and needle lined with a thin film of paraffin—which can be done very easily, or by the addition of about two percent sodium citrate solution. This method strikes one as being the easiest of all proposed up to the present.—Editorial Notes, *JISMA*, May, 1916.



The Case of the Tiny Terpsichorean

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

THE frontiers of human knowledge are expanding at an ever accelerating pace. The brain is being mapped; mentation is being probed biochemically; macromolecular medicine is overtaking us. Sets of steric formulae may soon delineate thought and judgment.

Yet, with each advance, new horizons open up. We take for granted our resemblance to our ancestors; our progeny is expected to have the essentials carrying on our species. The HOW and WHY of this marvelous replication is only now beginning to be analyzed. *Errors* in heredity have been described since the beginning of medicine. The gross mistakes usually failed to survive; lesser freaks were born at regular intervals but seldom lived into adulthood. The domain of the Lilliputs is a rather special case. The rare Tom Thumbs have been true dwarfs: miniaturized adults shrunken to one-half normal size or less.

Medical genetics, the science of heredity, is conceded to have been founded by Gregor Mendel. A century has passed since this modest monk published his now famous botanical observations on the humble pea. However, it was not until the early 1900's that Morgan and others began to give scientific scrutiny to the chromosomes of the fruit fly and of corn. The freemartin in cattle and the armadillo quads were not investigated until after World War I.

It was as late as 1949 that Barr discovered the one μ, lens shaped mass that is the sex chromatin body. Being present only in the female, this introduced the concept of *nuclear sexing*. We stumbled onto the fact that colchicine will stop mitosis in the metaphase; additionally, hypotonic saline solution makes the chromosomes swell so that they can be separated and studied. Thus, by 1956, we were able to make an accurate count of the number of chromosomes possessed by Homo sapiens. It was surprising to learn that we were endowed with only 46 — not the 48 our teachers had taught us.

In 1960, an international conference was held in the city of Denver. Chromosomes were numbered and mapped on a scale of decreasing size. The world now has the Denver classification: 22 pairs of autosomes

plus a pair of sex chromosomes, XX in the female and XY in the male. Accepting these dates, human genetics can truly be considered an infant branch of medicine: barely founded and still in swaddling clothes. But the rising flood of publications in this discipline testifies to its lusty vigor. Even the Russians (who have a pathologic loathing re admission of error) have officially abandoned Lysenko's Lamarckism: a recent issue of "Priroda" was given over to the centenary of Mendel's work and its present significance.

Chromosomal Catastrophies

In a previous Case Capsule (The Case of Gender: Dubious, *JISMA* 55:8, pp. 1165-1170, 1962), there was a discussion of sex chromosomal errors. It is beyond dispute that, along with bodily grotesquerie, there is, almost always, mental obtundation of varying degree. Thus, my distinguished classmate, Meyer A. Perlstein, who elected this particular branch of pediatrics as his specialty, when asked to popularize the present knowledge in his sphere, chose as his title, "The Nature and Classification of Mental Deficiency" (*World-Wide Abstracts of General Medicine* 8:5, 16-29, May, 1965.)*

Almost as an aside, attention should be drawn to the impressively increasing percent of the retarded who are being rehabilitated to a self-sufficiency level at an ever earlier age. Perlstein asserts that less than 10% of retarded children are neither educable nor trainable. The I.Q. has to be below 25 before he classifies them as "untrainable!" He goes on to say that, "In our civilization, euthanasia is not practiced. . . . If, by the expenditure of $15,000 in an educational and vocational training program, one can make a patient independent enough to need no custodial care, this alone would be worthwhile."

Rehabilitation is a vast area that has received enormous impetus from the intelligent endeavors of such pioneers as Howard A. Rusk and his school. The mentally retarded are a most important segment of the handicapped. This previously totally neglected human resource is being developed into ever increasing use for society as a whole.

Physical deviation per se from the accepted range of normal size does not seem to be accompanied by mental aberrations. Quite arbitrarily, "normal" is anything between 150 and 200 cms. in height. Below the lower figure, we have "dwarfs"; above the upper, "giants." By this criterion, we have whole populations whose physiological body functions are wholly normal, e.g., Kalahari Desert Bushmen, Congolese pygmies, Philippine Negritos, Andaman Islanders, etc. Dwarfism can be determined by severe environmental factors suppressing the growth of a specific individual. Metabolic disturbances due to organic disease can be decisive factors.* The smallest ateliotic dwarf of record was a 78 cm. male (i.e., only 31 inches). This is in contrast with giants such as the one from Alton, Ill. who was still growing at the age of 22 when he succumbed to a bacterial infection, meningitis. The largest woman known was Marianne Wehde, 255 cm. i.e., 100.4 inches.

A very rare type of dwarfism was called by Rudolf Virchow (no less) "nanocephalism", i.e., "bird-headed" dwarfism. Dr. Helmuth P. G. Seckel of the University of Chicago has written a monograph on *Bird-Headed Dwarfs* (published in Basel by S. Karger in 1960). In the discussion, the eminent professor of pediatrics makes the point that these individuals are just *small;* they do *not* suffer from craniostenosis or

*See also:

1. Stanbury, J. B., et al.: *Metabolic Basis of Inherited Disease*, McGraw-Hill Co., New York, 1960.
2. Gustafson & Cousin: *The Pediatric Patient*, J. B. Lippincott Co., Philadelphia, 1964. (See especially Chapter 1 on "Chromosomal Errors and Disease").
3. Cecil-Loeb's *Textbook of Medicine*, 11th edition, W. B. Saunders Company, Philadelphia, 1963. (See especially the chapters on "Inborn Errors of Metabolism" pp. 1232-1277 and "Diseases of Endocrinology," pp. 1339-1390).
4. Williams, Robert H.: *Textbook of Endocrinology*, W. B. Saunders Co., Philadelphia, 1962, pp. 908-917.

*An article in *The National Enquirer* just brought to my attention tells of a 26-inch dwarf living in Lisburn, near Belfast in Northern Ireland, whose ateliosis is blamed on a "lack of calcium." He was a former circus clown and had a normal sized sister.

microcephaly in the pathological sense. The known cases have adult brains weighing as little as 800 grams without the individuals having been mentally obtunded during life. By absolutely fantastic coincidence, I saw a case at a clinical conference where the patient was being displayed for an altogether mundane existing disease. The nanism had not been recognized for the rarity it is. But that is another story. . . .

Exiguous Exhilarant

All this preliminary palaver would have been pointless were it not for M. E. Kest, the mutational dwarf that first called my attention to the entire subject in more than just a casual way. She had been flitting into our arthritic clinic for many years. Barely reaching the top of my hip and weighing less than 50 pounds, she always managed to lend a cheerful note to a drab morning. She was still active despite the inexorably increasing grip of a progressing rheumatoid arthritis. For the last ten years she had been compelled to abandon the trapeze on which she had performed all her adult life. Of course, advancing into her sixties, she could not have been an aerialist much longer, anyway.

Her attendances were very irregular and all too infrequent. Her pleasant, intelligent face and the chirping, merry chatter invariably put me in mind of a hummingbird. She had always been the particular pet of the clinic chief. It was only in his absence that I was conceded the privilege of giving her the needed gold injections, renewing her prescriptions and otherwise catering to her needs.

It was in the spring of 1965 that I had the instructive opportunity of seeing some excellent films on medical genetics assembled by Dr. Victor McKusick of Baltimore. Even more recently, I read about the porpoise: the curious fact that this mammal has (proportionately) a LARGER brain than does man! Also, the dolphin is born with more and better developed cerebral gyra than is the human neonate! Man rules the mammalian roost because (so says the author of this item) he is a land creature; ergo, he has hands with which to fashion tools. The brainer porpoise is aquatic; ergo, extremities become flippers and tool manufacture becomes impossible. Not a very flattering reason but — seemingly — justification enough.

By coincidence, one summer day, our midget came into the clinic while all the material just discussed was very fresh in my mind. She wanted only to get her gold injection and receive prescription renewals; she was feeling no better or worse than usual. That morning, clinic clients were few; all the other patients had been seen; I had all the time I wished to devote to a chat with Miss Kest. I perused her chart with meticulous care. It had exhaustive data anent her rheumatoid arthritis even if her x-rays had disappeared. For other information, I proceeded to direct questioning.

Our interesting dwarf was one of nine siblings: six were entirely normal; three (including her) were Lilliputs. She was born in a rural region of Austria where written records went back to feudal days. There had been *NO* growth aberrations on either parental side for at least 600 years! M. E. told me that she had been taken to the imperial capital city of Vienna and examined at the medical school. This was just before World War I — the heyday of Viennese medical pre-eminence. She remembers, "a lot of pictures . . . blood and more blood tests . . . big professors, yes, monthly periods had started already . . . completely normal until she stopped, just like that, around age 45. . . ."

The family was told that the Lilliputs were perfectly normal except for their size. There were no physiological or psychiatric problems; also, there were no then extant drugs that could make them grow further.

A Dapperling Danseuse

After the dislocations of World War I, the entire family emigrated to the United States. The three midgets gravitated into show business. By dint of grueling training, they became a top notch act on the vaudeville circuit. A first cousin was their booking agent. They did comedy, rhumba, acrobatic, soft shoe, adagio, waltz, whirlwind dancing and performed on the trapeze.

"Were you at the N.Y. World's Fair just before the second World War? Then, you

might have seen us perform!" Rather proudly, my lady reached into her satchel and fished out a well-thumbed clipping that included a photomontage.

The rheumatoid arthritis began troubling her only after the menopause. She had to quit the stage a mere 10 years ago, "I was 55 anyway, arthritis or no arthritis."

"Have you had any endocrinal studies since the last war?"

"What would have been the use? The newest drugs would do me no good *now*. You talk of the pituitary gland — growth stimulating hormones — other things. Would they help me get married: NOW?? Have children ?? Lead a normal life ??"

Miss Kest was speaking with increasing intensity. There was acerbity in her accelerated animation. "At school, the kids laughed at me. I played hookey; I studied and read at home. Always I was the buffoon, the court jester.* The man I pined for thought me 'cute'. . . . We Lilliputs don't like being called dwarfs. Why should I have more tests? Just to please you doctors? Nothing will change my I.Q. now!"

I put my hand gently on her shoulder. "My dear Miss Kest! Life IS tough for the person who differs from accepted norms. You use big words very well, indeed! Obviously, you have read in the right places.

"You are quite correct in thinking that our newest treatments have little to offer you now. Still, things are coming up so fast that the wisest scientist admits his basic ignorance. Please, let us take some x-rays, do some blood and urine analyses — yes, even do some tests that may seem downright silly to you."

Confounding Craniometry

While I was cajoling the woman, she submitted—albeit grumpily—to being weighed and measured as to height before taking her gold injection. While this was being done, I had the inspiration of complimenting her on the pretty tam she was wearing. Much more graciously, she stated that headgear was one of her many problems. Even the smallest, ready-made hat was much too large for her. She permitted a casual tape to be applied. Indeed, at its loosest, most generous measurement, the 19″ mark was not reached! When the same tape was wound around my own head, there remained a gap spanning the entire distance between my frontal bosses!

Now everyone knows that a certain latitude in head sizes is normal. A newborn's brain weighs only around 300-400 grams even if all its neurons are already present. As the axons myelinate, the brain grows in size; cranial capacity expands. After all, that is why infants have cartilaginous suture lines; that is a reason for craniostenosis being so serious a condition. Brain weight doubles by the end of a year; it grows still further in the second. The normal adult brain averages some 1,300-1,500 grams; with advancing years, shrinkage becomes evident. Also, some people, famous for their intellect, have had extraordinarily small brains as verified by autopsy data.* My copy of Cunningham's *Anatomy* (seventh edition) says that even 950 gram brains are compatible with normal intelligence.

After making ALL allowances, the tiny head size as displayed by M. E. Kest did not seem to jibe with the very high order of intelligence she appeared to possess. Under the pretext of x-raying her hands, I led her — unwillingly — to our x-ray department (Figure 1). While there, we managed to inveigle her into having a fairly complete set of skull films (Figure 2). She even consented to a full face photograph!

Grumbling loudly at doctors in general and Dr. Lieberman in particular, my *tiny terpsichorean* took her departure. She could not be cajoled into staying for another minute!

*Our friend must have done quite a bit of reading to have used just these words. In ancient and medieval days, at royal courts, madmen *or* simpletons, (whose imbecility was real or assumed) occupied the post of jester. A buffoon was a laughter-provoking eccentric who used irresponsible absurdities for the entertainment of the audience.

*1) France, Anatole: *Bulletin de l'Academie de Medicine*, Nov. 8, pp. 328-336, 1928. 2) Gladstone, J.: *J. Anat. & Physiol.* 37:333, 1902. 3) Hechst, B.: Uber einen Fall von Mikroencephalie ohne Geistigen Defekt, *Arch. f. Psych. Nervkrank.* 97:64-76, 1932. 4) Lee, Lewenz, Pearson, Proc. Royal Soc., London, 71:106, 1900.



FIGURE 1
X-RAYS showing the rheumatoid arthritis.



FIGURE 2
SKULL size: normal.

The chief of radiology himself surveyed the developed films. "Well, doctor, in all truthfulness, I must tell you that the skull *seems* to measure just within the lower limits of what is accepted as being normal. Of course, the rheumatoid arthritis of the hands is no news to you."

In spite of all pleas, so far, M. E. Kest has refused to return for further examinations. It is true that I.Q. tests and such would add but little to our present appraisal of her. Undeniably, it would add greatly to our narrative were we able to buttress impressions with facts. Studies of her pituitary gland hormones now — at her age in the middle sixties — would not tell us much as to what we surmise her condition to have been 50-odd years ago.

I did have an interesting conversation with a first cousin of hers who is a surgeon out in the New York metropolitan area. He tells me that, as far as he knows, there have been no other midgets in the collateral descendants of M. E. Kest's parents. In the second and certainly the third generation, there *should* have been one or more such even if the mutation is assumed to have been a Mendelian recessive. Or — could it have been one of those purely localized allele transductions? Do we really grasp their full significance? A tantalizing thought even if hardly satisfying. . . .*

Anyway, this very week, coming out of the Hell Gate Post Office station, I was walking by a new housing development. A tiny figure emerged from a doorway. As I pulled even with it, I realized that the individual was an adult, bearded man even smaller than my little artisté. With his hat on, he did not reach the top of my hip! As I ventured a side glance, the impression was of a fully mature, *intelligent* Tom Thumb. I lacked the courage to stop and engage the stranger in conversation. But I do wonder how many Lilliputs there are in this world? How are they balanced on the other side of the "normal" scale by the giants cursed by too much somatotrophic growth hormone? The Alton giant with his size 26 shoes; the 18-year-old woman I saw last year — beautifully proportioned at 79 inches and 300 lbs.! How soon will we be able to regulate the growth hormone — turn it on or off to maximum advantage!

Yes, indeed! Medical genetics is a *most* promising frontier of science. . . . ◄

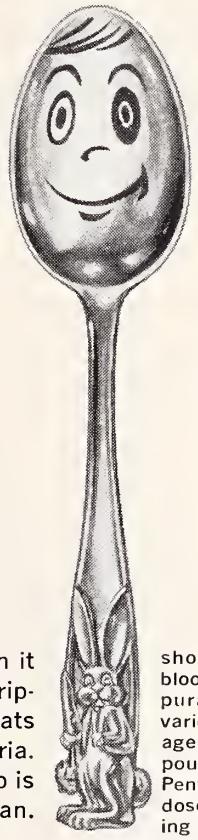
* *Somatic Cell Genetics*, edited by R. S. Krooth, M.D., 4th Macy Conference on Genetics, 1964, U. of Mich. Press, Ann Arbor, Mich.

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Electrocardiogram of the month



Presented as a regular feature of The JOURNAL, Electrocardiogram of the Month is a series of short talks on cardiovascular diagnosis and treatment, edited by the staff of the Krannert Heart Research Institute, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis.

Paroxysmal Atrial Tachycardia (PAT) with Block (5)

CHARLES FISCH, M.D.
Indianapolis

PAT with block is frequently accompanied by other ectopic arrhythmias and conduction defects which may be due to digitalis. An example of this entity is presented in Figure 1.

The dominant rhythm in Lead I is difficult to diagnose because the P waves are indistinct. However multifocal ventricular premature systoles (VPS) are evident.

The first four P waves in Lead II (second and fourth are seen on the downstroke of the QRS) represent PAT with block. This is followed by a shift of the site of the atrial pacemaker; the PAT with block becomes clearly evident in about the middle of the lead. The rate is 150 and the degree of AV block difficult to evaluate because (1) the strip is too short and (2) the PAT is interrupted by a VPS.

Lead III demonstrates a normal sinus rhythm at a rate of 90. There are three cycles in which the P-R prolongs from 0.16 to 0.40 and is followed by a non-conducted P wave (Wenckebach phenomenon). A non-Wenckebach (Mobitz type) 2:1 AV block is seen toward the end of Lead III. ◄

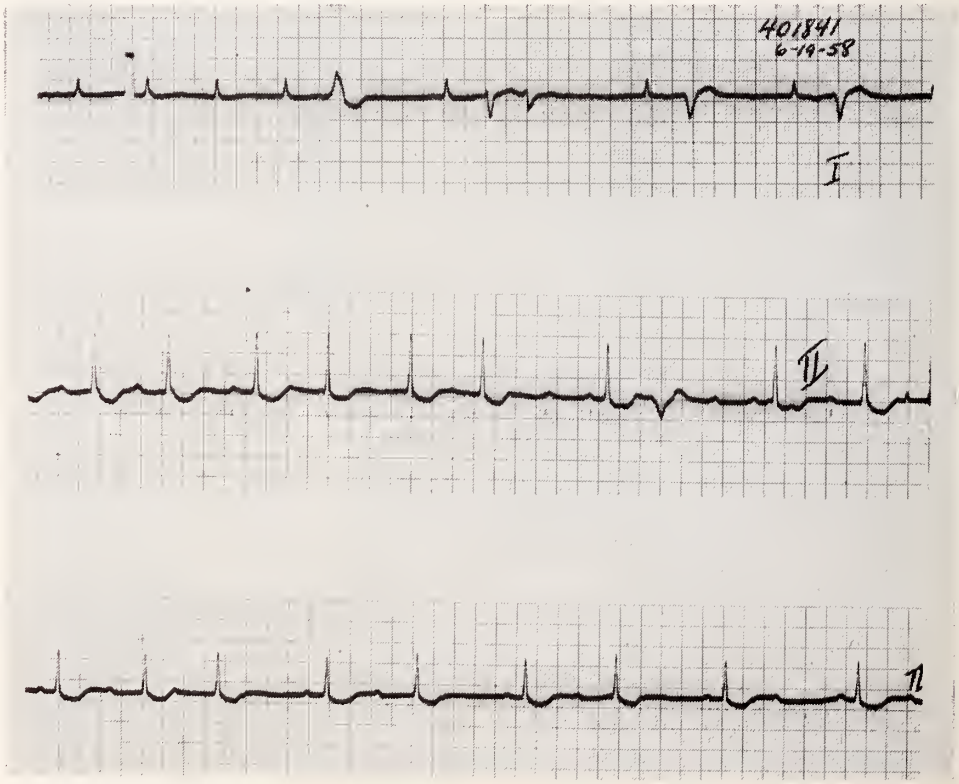
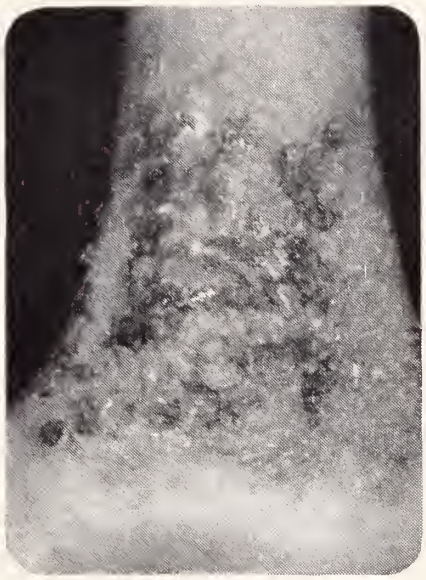


FIGURE 1
PAT with block associated with VPS, Wenckebach and Mobitz type second degree AV block.

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ASTHMA: IMMUNOLOGICAL AND NON-IMMUNOLOGICAL

One of a series of case reports illustrating the differential diagnosis in patients with symptoms of asthma.

IRVIN CAPLIN, M.D.
JOHN T. HAYNES, M.D.
Indianapolis

A 60-year-old man was examined because of asthma of 25 years duration. His asthma was aggravated by infection and dust. As he was much worse during the winter and fall of the year, he lived in Florida from 1940 to 1954 where he was free of asthma. Physical examination revealed expiratory musical rales throughout both lung fields. He had developed a generalized macular rash from gantrisin. Skin tests revealed positive intradermal tests to house dust, feathers, mohair, silk, wool, pyrethrum and ragweed. A chest x-ray (Figure 1-A) revealed a coin-shaped lesion in the right middle lobe. No previous x-ray was available for comparison.

He was advised as to the avoidance of dust and other household allergens. Iodides, theophylline and a norepinephrine nebulizer were prescribed for symptomatic relief. Hyposensitization with dust, ragweed and bacterial vaccine was instituted. His asthma was markedly relieved under therapy. A thoracotomy was done and a tuberculoma was removed from the right middle lobe. Following surgery, the patient was not seen

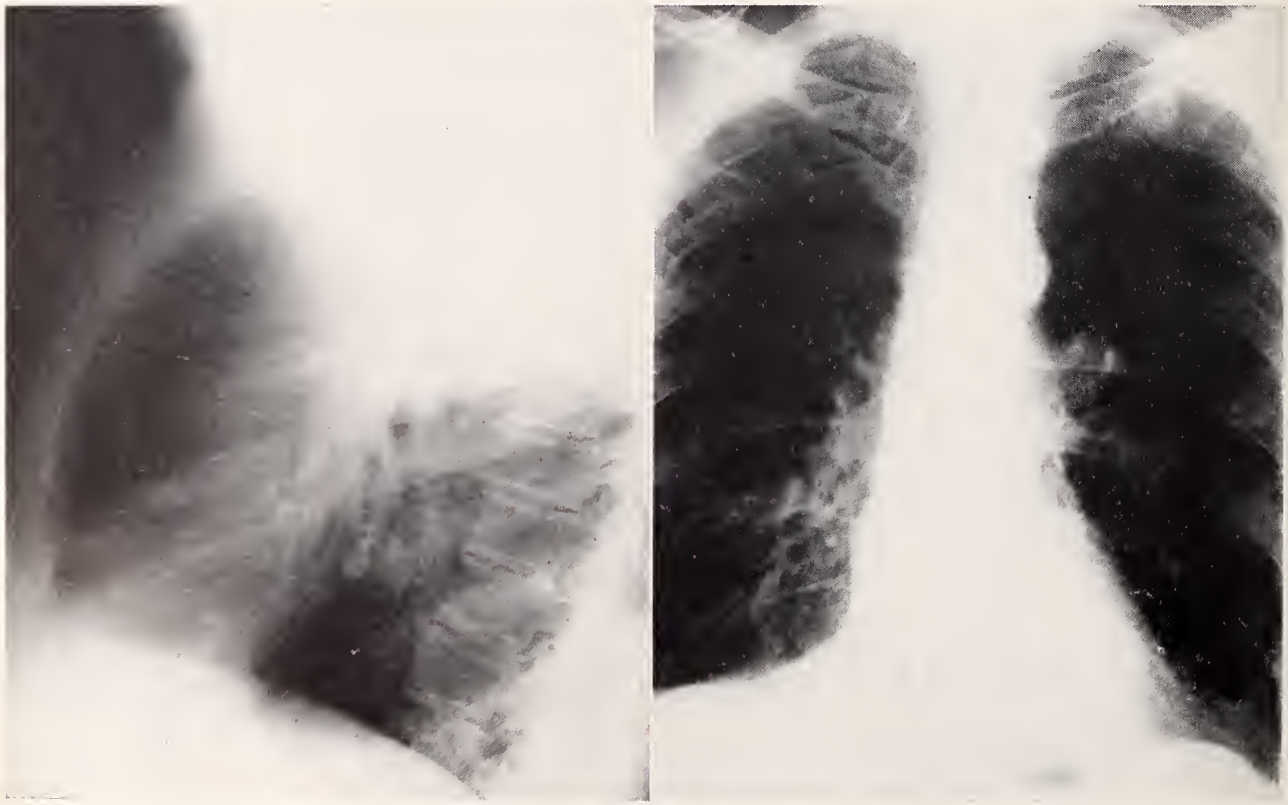


FIGURE 1
A. Lateral chest x-ray reveals a small coin lesion. B. Four months later a lesion is seen under left clavicle.

for four months.

He returned with severe asthma during the ragweed season. He was hospitalized and treated with steroids, fluids, iodides and adrenergic drugs. A repeat chest x-ray revealed a lesion in the left upper lung field (Figure 1-B) which the radiologist felt was bronchogenic carcinoma. A bone survey was negative for metastatic bone disease. A thoracotomy was again performed, and the upper lobe of the left lung was removed along with the tumor mass, which microscopically and macroscopically seemed to be completely removed. Pathologically the tumor was a squamous cell carcinoma. It was impossible to control his asthma following surgery without the use of steroids.

One month after his second surgery, he began to have nightmares. He would awaken in the middle of the night, dress himself, walk around the house, undress himself and return to bed. He had no explanation for his actions and otherwise was completely lucid. A presumptive diagnosis of cerebral metastasis was made, although no peripheral localizing signs were present. Six weeks following his last surgery, he died from a massive gastric hemorrhage.

The constant re-evaluation of a patient who is not doing well is demonstrated by this case. The greater frequency of carcinoma of the lung in patients with chronic lung disease is also to be remembered. Again, we have in the same patient allergic asthma and non-allergic lung disease. ◄

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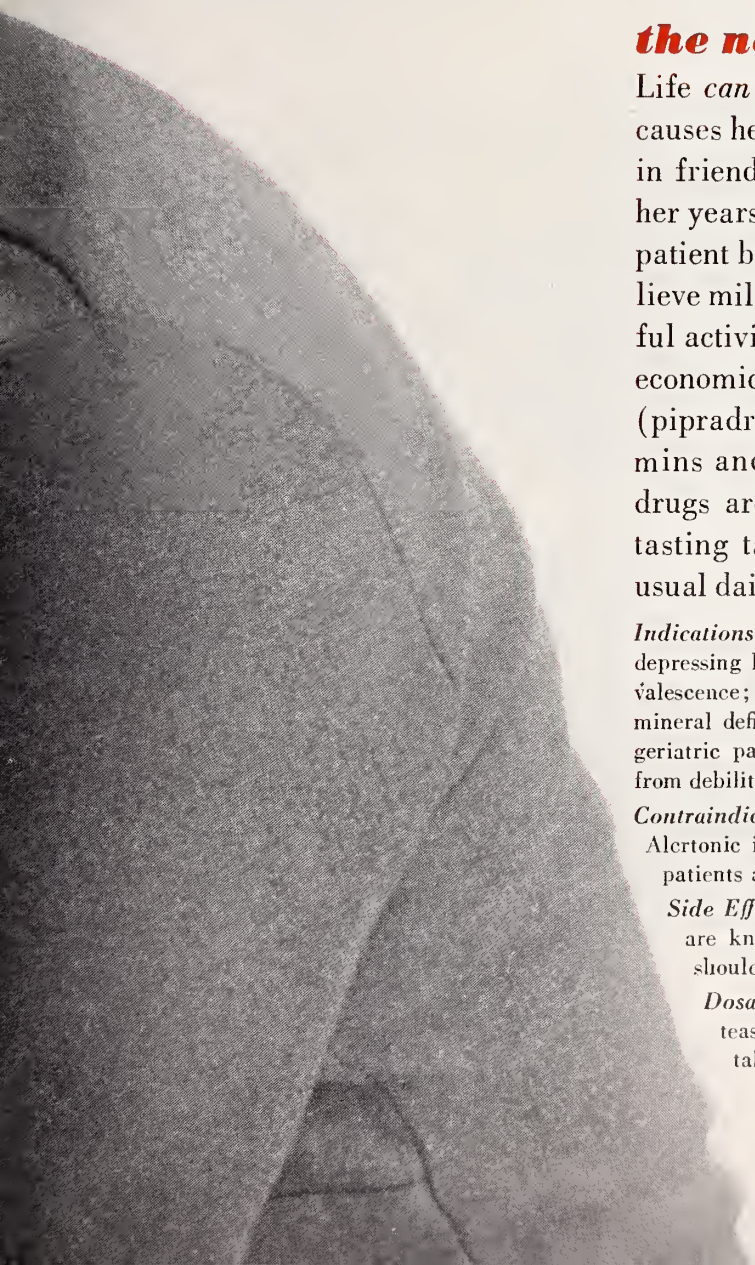
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Contraindications: As with other drugs with CNS-stimulating action, Alertonic is contraindicated in hyperactive, agitated or severely anxious patients and in chorea or obsessive-compulsive states.

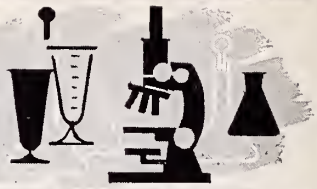
Side Effects: Reports of overstimulation have been rare. Patients who are known to be unduly sensitive to the effects of stimulant drugs should be observed carefully in the initial stages of treatment.

Dosage: Adults, 1 tablespoonful; children (over 15 years old), 1 to 2 teaspoonfuls; children (4 to 15 years old), 1 teaspoonful. To be taken three times daily 30 minutes before meals.

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Path-finder
PUBLISHED UNDER THE AUSPICES OF THE INDIANA ASSOCIATION OF PATHOLOGISTS



This series is intended to emphasize the importance of judicious selection and proper interpretation of newer laboratory procedures as applied to differential diagnosis of various diseases. It is edited by Leon L. Blum, M.D., Terre Haute.

Differential Diagnosis of the Month:

BARBITURATE INTOXICATION

KENNETH L. SCHERMER, M.D. *
Indianapolis

Clinical data:	A 26-year-old comatose, diabetic female was brought to the emergency room.
Physical examination:	Moderately obese, with reflexes present but no response to painful stimuli.
Laboratory data:	CBC and urine — negative. Blood sugar — 115 mgs.%. Lumbar puncture — negative.
Consultation note:	The pathologist was consulted because of the deep coma, normal laboratory studies and the possibility of an overdose of barbiturates. Blood barbiturate studies were recommended.
Interpretation:	Quantitative study by ultraviolet spectrophotometer of whole blood revealed a barbiturate level of 7.0 mgs.%. Confirmation of the presence and an estimation of the specific identity of the barbiturate or barbiturates by thin layer chromatography revealed a single, long-acting barbiturate. The laboratory findings of 7.0 mgs.% of a long-acting barbiturate and the clinical findings of coma with reflexes present were interpreted as Stage III clinical barbiturate intoxication. With adequate supportive therapy the patient made an uneventful recovery. The five clinical stages of barbiturate intoxication are

* Pathology Resident, Department of Pathology, Methodist Hospital Graduate Medical Center, Indianapolis.

1) awake, competent, mildly sedated; 2) sedated, reflexes present, prefers sleep, poor answers; 3) coma, reflexes present (not seriously ill from barbiturates alone); 4) coma, reflexes absent; and 5) coma, reflexes absent, circulatory and/or respiratory difficulty.

As a general rule, the long-acting barbiturates have higher blood levels for one specific clinical stage than do the fast-acting barbiturates. For example, in Stage III, the average blood barbiturate level in mgs.% for phenobarbital is 6.5 compared to 2.5 for secobarbital.

About Our Cover

Rare pages of medical and biblical texts are being made available to ISMA members from the antiquarian library of Stanley S. Slotkin, founder and chairman of the board of Abbey Rents.

These pages are available completely free and without obligation. Mr. Slotkin emphasizes that he gives the pages away and that this is not an advertising stunt. It is his way of thanking the medical profession for their contribution to his company's success.

The rare pages from old medical texts which are available are:

Original leaf, Hippocrates in Greek, and printed in Basel, Switzerland.

Original leaf, Gaius Plinius Secundus (Pliny the Elder) in Latin dated 1483 A.D.

Original leaf, dated 1640 A.D., from an English Medical Herbal. The book describes every plant and herb known at that time. It was used by most of the doctors in England during the reign of King James 1st.

Original leaf, I. B. Helmonti, dated 1667 A.D.

Each original leaf is attached to a large sheet of paper bearing a reproduction of the book's title page. The set is suitable for framing and similar leaves hang in universities and medical libraries throughout the nation.

Pages from a religious collection exemplifying many religions and languages are also available to those who care to stop in and make their selection. Members interested in obtaining one or all of the sets should stop at Abbey Rents, 6221 N. Keystone Ave., Indianapolis.

This month's cover depicts the title page of one of Galen's books. Original leaves from "Galeno" only, mounted on a reproduction of its title page, may be obtained as long as the supply lasts, and without obligation from Mr. Slotkin, 600 S. Normandie, Los Angeles, Calif.

Mr. Slotkin is at home in Los Angeles when he isn't visiting one of the 65 Abbey Rents stores in the United States or checking on one of his factories in Sweden or Japan. His busy life started at the age of eight with a roller skate business, changed to bicycles at age twelve, and Abbey Rents later. He is as full of hobbies as he is business.

His most interesting hobby is the sponsorship of plastic surgery for underprivileged persons, some of them in prison, whose disfigurement is ostensibly the underlying factor in their failure to adjust in society. He has been emotionally rewarded many times by seeing his beneficiaries become successful and noncriminal.

Mr. Slotkin attributes his success to luck. However, after one has listened to him it is evident that most of his luck is of the Hoosier variety which Abe Martin made famous when he said: "Did you ever notice how often it is the busy feller who has all the luck?"—J.F.S.

Flagyl destroys trichomonads



here & here & here & here



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Flagyl eliminates the difficulties and frustrations that have long attended the treatment of trichomonal infection.

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2) the failure of any previously known agent to prevent reinfection by eradicating the disease in male consorts.

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Correctly used, with due attention to repeat courses of treatment for resistant, deep-seated invasion and to the presumption of reinfection from male consorts, Flagyl has repeatedly produced a cure rate of up to 100 per cent in large series of patients.

Nothing cures trichomoniasis like Flagyl.

Dosage and Administration

In *women:* one 250-mg. oral tablet t.i.d. for ten days. A vaginal insert of 500 mg. is available for local therapy when desired. When the inserts are used one vaginal insert should be placed high in the vaginal vault each day for ten days, and concurrently two oral tablets should be taken daily.

In *men:* in whom trichomonads have been demonstrated, one 250-mg. oral tablet b.i.d. for ten days.

Contraindications

Pregnancy; disease of the central nervous system; evidence or history of blood dyscrasia.

Precautions and Side Effects

Complete blood cell counts should be made before and after therapy, especially if a second course is necessary.

Infrequent and minor side effects include: nausea, unpleasant taste, furry tongue, headache, darkened urine, diarrhea, dizziness, dryness of mouth or vagina, skin rash, dysuria, depression, insomnia, edema. Elimination of trichomonads may aggravate moniliasis.

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SEARLE

Research in the Service of Medicine

X-RAY CONFERENCE

Presented as a regular feature of *The Journal*, X-ray Conference is a series of short talks on procedure and radiologic diagnosis, edited by Erich K. Lang, M.D.

The Treatment of Multiple Intracerebral Aneurysms by Common Carotid Artery Ligation, "Rest Periods", and Re-establishment of Flow via Bypass Grafts

ERICH K. LANG, M.D. *
JOHN HETHERINGTON, M.D. **
MICHAEL MANZIE, M.D. †
Indianapolis

A 39-year-old white female, a registered nurse, was admitted to the hospital with symptoms of severe right-sided headache and occasional diplopia.

Some six years ago, she had been seen for severe headaches, diplopia and a left third cranial nerve palsy. At that time, an aneurysm of the left internal carotid near the posterior communicator artery was diagnosed on arteriograms (Figure 1) and a ligation of the left common carotid artery was carried out. The patient had been asymptomatic for the entire interceding period of six years, until one week prior to the present admission.

On restudy by catheter arteriography, a huge compound aneurysm of the right internal carotid artery was demonstrated, both posterior and anterior of the siphon, and extending over the planum sphenoidale (Figure 2). Cross circulation via the anterior communicator appeared to supply most of the left hemisphere. However, there was some cross circulation from the vertebrobasilar system into the left carotid supply area. A vertebral arteriogram demonstrated a second aneurysm of the right posterior cerebral artery.



FIGURE 1
AN arteriogram performed some eight years ago demonstrates an aneurysm originating from the left internal carotid artery at about the level of the posterior communicator branch.

* Radiology Department, Methodist Hospital, Indianapolis.
** 1633 N. Capitol Ave., Indianapolis.
† 2372 Lafayette Rd., Indianapolis.

In view of the multiplicity and surgical inaccessibility of the aneurysms, it was decided to treat the huge aneurysm by occluding the right common carotid artery. Prior to occlusion of the right common carotid artery, now a sole supplier of both hemispheres, the flow into the left internal carotid had to be re-established. Studies via the right carotid system and the vertebral system established the presence of backflow into the left internal carotid, with actual refilling of the external carotid via this pathway.

A bypass graft from the left subclavian artery re-established flow to the left common carotid artery immediately below the bifurcation into the external and internal carotids. A segment of greater saphenous vein was utilized as graft.

Arteriographic examination four days after the grafting revealed the graft to be patent and excellent filling of the left internal carotid via the graft was demonstrated. A shadowy contour, probably calcifications in the wall of this aneurysm was seen; the aneurysm itself no longer filled. Compression of the right common carotid artery produced cross filling from the left side.



FIGURE 3

A left subclavian artery injection shows a hugely dilated left vertebral artery and the dacron bypass graft, originating from the second portion of the subclavian and connecting to the left common carotid immediately below its bifurcation into left external and internal carotids. The supply of the right hemisphere is now entirely via the anterior communicator artery, and thus, dependent on flow via the bypass graft.



FIGURE 2

AN arteriogram performed some six months ago demonstrates the huge compound aneurysm arising from the right internal carotid artery, with segments of the aneurysm presenting anteriorly over the planum sphenoidale and posteriorly near the posterior communicator branch.

A Crutchfield clamp was tightened during the ensuing seven days. The patient tolerated the procedure without untoward effects.

Arteriographic restudy some five months later revealed the dacron graft to be patent (Figure 3). An area of minimal circumferential narrowing was seen at the end-to-end anastomosis into the left common carotid artery. The right hemisphere is now supplied via the anterior communicator from the left carotid system, and more-or-less depends on flow through the bypass graft. Considerable increase in flow through the vertebral circulation was demonstrated.

The patient tolerated the surgical procedures without any untoward effects, and complete disappearance of her headaches and diplopia reflects satisfactory treatment.

Discussion

This case demonstrates the feasibility of surgical treatment of multiple aneurysms of the intracerebral vessels. This case in particular illustrates that ligation of the second carotid artery is possible, particularly if flow in the other carotid can be reconstituted by a graft. In most instances, the internal carotid artery remains patent after ligation of the common carotid since a retrograde steal from the internal carotid supplies the external carotid system deprived of normal antegrade supply. An excellent collateral system of the intracranial vessels, particularly the Circle of Willis, but also an established collateral system between external and internal carotids, will usually retain patency in these vessels after ligation of the proximal supply vessel.

The judicious use of bypass grafts and reestablishment of vascular channels after "an adequate rest period" allowing clot formation in an aneurysm, has thus been introduced as treatment modality for multiple intracerebral aneurysms. ◄

How to Justify Treatment Risk

For an objective evaluation of drug toxicity, emphasis should be placed on the relative usefulness of a given drug as well as on its potential harmfulness. Even such benign and essential agents as oxygen or water may be harmful when used inadvisedly as therapeutic agents. . . .

Drugs of such established value as digitalis are potentially lethal when used in excess. It is thus apparent that the potential toxicity of drugs must be counterbalanced by emphasis on their proper usage.

The physician should be ever cognizant of the potential dangers of his medications as well as of their efficacy, and balance the two in determining the desirability of taking the risk involved. He should not use amidopyrine to treat a headache, but should have no hesitation in risking its potential harm when he needs an antipyretic for a patient with leukemia.

The glucocorticoids should not be used in most patients with rheumatoid arthritis, but should never be withheld from patients with pemphigus. Arthur Grollman, M.D., in *Texas State Journal of Medicine*, 61:1, (Jan.), 1965.

New drugs take exams, too.

Today, virtually every medical school in the United States cooperates with pharmaceutical manufacturers in the clinical evaluation of new and promising drugs. Just as you might find it significantly more difficult to practice medicine without the useful new compounds made available through original pharmaceutical research in the past twenty years—prescription-drug manufacturers would find it equally difficult to obtain extensive, long-term, dependable evaluations of new therapeutic agents without the close cooperation of medical staffs and clinical facilities of medical schools and teaching hospitals. Such cooperation leads toward more effective care of more patients—the common goal of medical and pharmaceutical research—toward reduction in the cost of disease, toward increase in useful longevity.

This message is brought to you as a courtesy of this publication on behalf of the producers of prescription drugs.

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Public Service Drugs

SOME life-saving drugs are required so infrequently and are so expensive to produce that their creation and distribution is a money losing proposition.

One of the distinguishing characteristics of the pharmaceutical industry is its penchant for supplying these drugs, at no profit or at a loss—a process in which it takes justifiable pride.

Drugs of this nature are known as public service drugs. No better use of the term "public service" was ever devised—the inordinate expense of maintaining a supply of a drug in fresh form when calls for it are unpredictable and usually far between; the fact that some of the drugs are extremely expensive to produce, plus the fact that many of the patients to be benefited are not overly blessed with this world's goods makes it impossible to recover the cost of production, let alone the cost of the research which originally discovered the life-giving substance.

Recent years of investigation, legislation and regulation have not dimmed the zeal of the industry in providing life-saving but unprofitable products. Since 1960, the list of public service drugs has grown from 35 to 51, an increase of 50%. The list is made even more remarkable by the fact that some of the 1960 entries are not included in the latest listing because the regulations resulting from the Kefauver-Harris amendments have imposed restrictions which cannot be satisfied in relation to all the rare drugs.

The number of patients who constitute the entire market for these medicinals for one year varies from a low of 5 to a high of about 18,000. With a total national market of this miniscule size, there are companies who furnish the drug at little or no expense, and at the same time produce scientific brochures and even training films to assist the physician in using the preparation.

It has been apparent for some time that drug regulations would curtail the discovery of new drugs and lengthen the time necessary to get the discoveries that were made into the sick room. It is now evident that the regulations will also alter the same aspects of public service drugs.

One large laboratory has been able, in the past, to supply rare blood components to investigators. The company was able to do this because its only cost was the cost of production. Now, it is said, the paperwork alone under the new law would cost

between $50,000 and $100,000 per year, and if full marketing clearance is to be sought for the blood products, the expense would be much higher.

At this rate, some of the more expensive public service drugs will become so expensive that even a big-hearted and public spirited industry will be "paperworked" out of this part of their business.

However, the public service drugs will not be eliminated. Some of the more expensive will have to be eliminated, but the same details and complexities will apply to other products a little farther down on the expense ladder. Soon some of the drugs, which make a small profit now, will be paperworked into a non-profit status and will join the public service group.

Pharmacological research and clinical research would be greatly benefited by a general modification of the government requirements in the case of these rarely used therapeutic preparations and the equally rare research agents.

Mutual of Omaha Still Insures Those Over 65

AT a time when private medical practice and private medical expense insurance is on the increase in England, it is surprising to find that some insurance companies and some Blue Shield plans in the United States have abandoned the citizens over 65 in so far as basic coverage is concerned and have left them high and dry with only Medicare to depend on.

In England, where everyone knows what socialized medicine is like, real medical insurance is growing by leaps and bounds. Over here, at least in the case of people over 65, it is the fastest disappearing service we have. Enough insurance purveyors are canceling insurance policies for those over 65 to make it appear that the insurance industry, or a large part of it, does not believe in the private practice of medicine.

Blue Shield plans, according to the latest information, have the best record in this respect. All are hastening to encourage the use of Medicare, but about half of all the plans are continuing their policies for basic medical coverage for those who do not wish to go with Medicare.

A great many of the insurance companies are said to be discontinuing basic medical coverage for the 65-plus group. Mutual of Omaha has the distinction of announcing that their policies will remain in force and be fully productive for all policyholders regardless of age and will remain so after Medicare goes into action July 1.

Mutual of Omaha is offering a new policy to serve as supplemental coverage for those who wish to depend on Medicare, but the company is recognizing that some will not wish Medicare, and if they do not, they may continue their Mutual of Omaha coverage as in the past, or may obtain policies if they have been abandoned elsewhere.

New Source Found for R. N. 's

AN unutilized supply of registered nurses has been discovered. Refresher courses for registered nurses at the Middlesex General Hospital in New Brunswick, New Jersey, has demonstrated that there are a large number of once active nurses who are now able to return to duty but have hesitated to do so because of the medical and nursing advances which have occurred during the years they have been away from hospital duty.

Robert Wood Johnson, of Johnson & Johnson, manufacturers of surgical and other hospital products, initiated a refresher plan in 1964 and financed the pilot program. Middlesex General has recently finished its third refresher program with an enrollment of 282 registered nurses.

Forty hospitals are preparing to participate in the program this year. The six-week curriculum has been remodeled as indicated by experience of instructors and in

accordance with the recommendations of the nurses who have finished each course.

The curriculum covers all aspects of nursing which have changed in recent years, but as the refresher programs have developed, more time is now devoted to clinical situations. The one item which required most time and emphasis from the first was the matter of drug therapy. The last week of the course now allows each nurse to choose an area of specialization.

The third refresher course, just finished, was underwritten by the federal government and was sponsored by the Hospital Research and Educational Trust of New Jersey. Twenty New Jersey hospitals participated.

All the students agreed beforehand to do, at least, part-time nursing, and many of them have joined the staff of Middlesex General Hospital. All trainees agree that the six-weeks course restored their confidence and refreshed their skills so that they were willing to accept responsibility with only limited supervision.

The Future of the I. U. Medical Center

FOR many years the I.U. Medical Center has been trying to meet its obligations to the citizens of Indiana and the nation. As more and more well qualified students have sought to enter the various health fields, every effort has been made to provide that opportunity. These pressures for more educational opportunities, together with the ever pressing needs for more trained practitioners for society, have resulted in expansion of the many programs of the medical center to a point of severe strain both on the physical facilities and the faculty and staff.

The faculty and staff of this medical center have had to be unusually dedicated to achieve what they have in the face of inadequate manpower and overcrowded facilities. The willingness to accept still more students has always preceded the compensatory adjustments to growth. This process has now carried us to critical limits and relief must be forthcoming before thought can be given to further expansion.

There is solid evidence, however, that the university is moving forward significantly on the medical center campus. The first phase of a magnificent new teaching hospital is well in evidence as concrete and steel emerge from the large hole in the ground. Intensive planning efforts are under way for much additional construction on the campus, including an addition to the dental school, a new school of nursing teaching building, a new office and research building for medical faculty, an addition to the Riley Children's Hospital, and an addition to the Medical Sciences Building to include library space as well as breathing room for some of the overcrowded preclinical departments. As these new facilities become available, faculty and staff can be added to share the load now carried by all too few.

We at the medical center look forward to the planned expansion and development of the regional campus of Indiana University on our doorstep. The availability of many courses not normally a part of a medical center will be welcomed as an opportunity for broadening the many programs presently in operation here, especially those leading to the baccalaureate degree as well as to the masters and Ph.D. degrees.

With the presently indicated support of the university administration, of governmental officials of Indiana, and of the citizens of our state generally, we are confidently looking forward to a new era during which the Medical Center of Indiana University will achieve true eminence among medical centers of the United States. **—Dr. Kenneth E. Penrod, Provost, I. U. Medical Center.** Reprinted from *Your University*, XI:1, Jan., 1966.

Editorial Notes...

Mead Johnson's public service message concerning birth control was recently run in the *Journal of the American Medical Association* for the information of physicians and later in *Today's Health, Parents'* and *Bride's* magazines for mothers and brides. The message carries no reference to products, but stresses that control of conception is an important and highly personal decision for young families, and that if it is considered, consultation should be sought with religious and medical advisors.

Very few employees affected by newly written group health insurance programs pay the full cost of their protection. A survey, by the Health Insurance Institute of group policies covering 234,717 employees and 586,790 dependents, showed that 50.1% of those covered had their protection paid for entirely by the employer; 47.5% shared the cost; 2.4% paid their own way. This represents a trend; in 1960, 33.6% did not contribute toward their insurance and each year since then the percentage has risen.

The Purdue Schools of Engineering have determined that of all the tests, such as high school grades, rank in class in high school, College Entrance Examination scores, etc., to determine the likelihood of a students success in college, there is one other—namely his academic record in a single semester in college—which is a far better predictor. If a correlation of 1.0 is perfect, the correlation between first semester grades and final college grades is 0.7, that between second semester grades and final achievement is 0.9. Compared with this, the best correlation of combining high school grades and the College Entrance scores was seldom more than 0.5. Faculty members now wonder if the present system of admitting students might not be excluding some students who would do well if given a chance.

Miniaturization of scientific data for economy in publication and storage has arrived. A new scientific journal, *The International Microfilm Journal of Legal Medicine,* will be published exclusively on microfilm—4 x 6 microfilm cards, 35 mm roll film and 16 mm roll film. One 4 x 6 microfilm card will hold 98 pages of text. Advantages besides the space factor are low publishing costs, almost unlimited illustrations, low cost of viewing equipment, and later—ability to reproduce illustrations in color. The first issue will consist of ten microfilm cards, a stack about 1/8 of an inch thick, which will represent 869 pages of conventional magazine pages.

Research on dental decay prevention by use of an oral vitamin-fluoride combination has been conducted by Drs. Muhler, Hennon and Stookey at the Indiana University School of Dentistry. Various forms of the combination are marketed by Mead Johnson for use by children who do not have the advantage of a fluoridated water supply. Despite rather widespread availability of either naturally and artificially fluoridated water, a sizeable percentage of the population must look to other sources of fluoride, if they wish it. Tooth decay was reduced in the observed children by as much as 63%.

The number of full-time faculty in U. S. medical schools increased from 3,933 in 1951 to 15,514 in 1965. In spite of this tremendous increase, the percentage of budgeted faculty positions which were vacant in each year has been remarkably constant at approximately six percent. There is a tendency now to consider the six percent figure as a normal one due to turnover of personnel. Except for teachers of anatomy and pathology, there is no specific shortage of medical school faculty. It is considered that the supply has kept pace with the demand in the past and it is hoped that the increase to expected 28,000 faculty in 1975 will be supplied with equal facility. ◄

President's Page

To All My Patients 65 and Older:

Many of you have told me you do not intend to participate in the physicians' payment portion of Medicare (Part B). Others of you indicated that you would like to enroll in this program and have asked me of my attitude towards it. Therefore, I am writing you to inform you of my plans.



With the beginning of the "so-called Medicare" program on July 1, 1966, it will be necessary to make certain changes in our office routine in order to comply with the law, and to serve you efficiently, and not be delayed by excessive paperwork.

1. I expect to continue to practice medicine in the same manner as before.
2. We will expect you to pay for the services as before.
3. *Upon your request,* we will provide you with receipted, itemized statements during the year and at the end of *each calendar year.*
4. If it is necessary to complete additional insurance papers, there will be an additional charge commensurate with the time involved.

In order for us to give you a receipted and itemized bill, it will be necessary for you to first pay your account. Each charge and each payment will be recorded on your record. Your receipted and itemized bill may then be attached to the government form, "Request for Payment," and the government or insurance company in turn will reimburse you whatever amount you are entitled to by law.

You must remember that the Medicare program *does not cover* the first $50.00 for medical services in any calendar year and *only 80%* of the amount over $50.00. If you have private insurance, it *may* cover some of these charges.

(A) Since you may be receiving other medical services from other physicians, you *must keep* all your receipted bills and send them with your request for payment in order to prove you have paid the first $50.00.

(B) It will be necessary to set up a separate account for *each* person 65 years of age and older for *each* calendar year. We will need to have each person's medical account number.

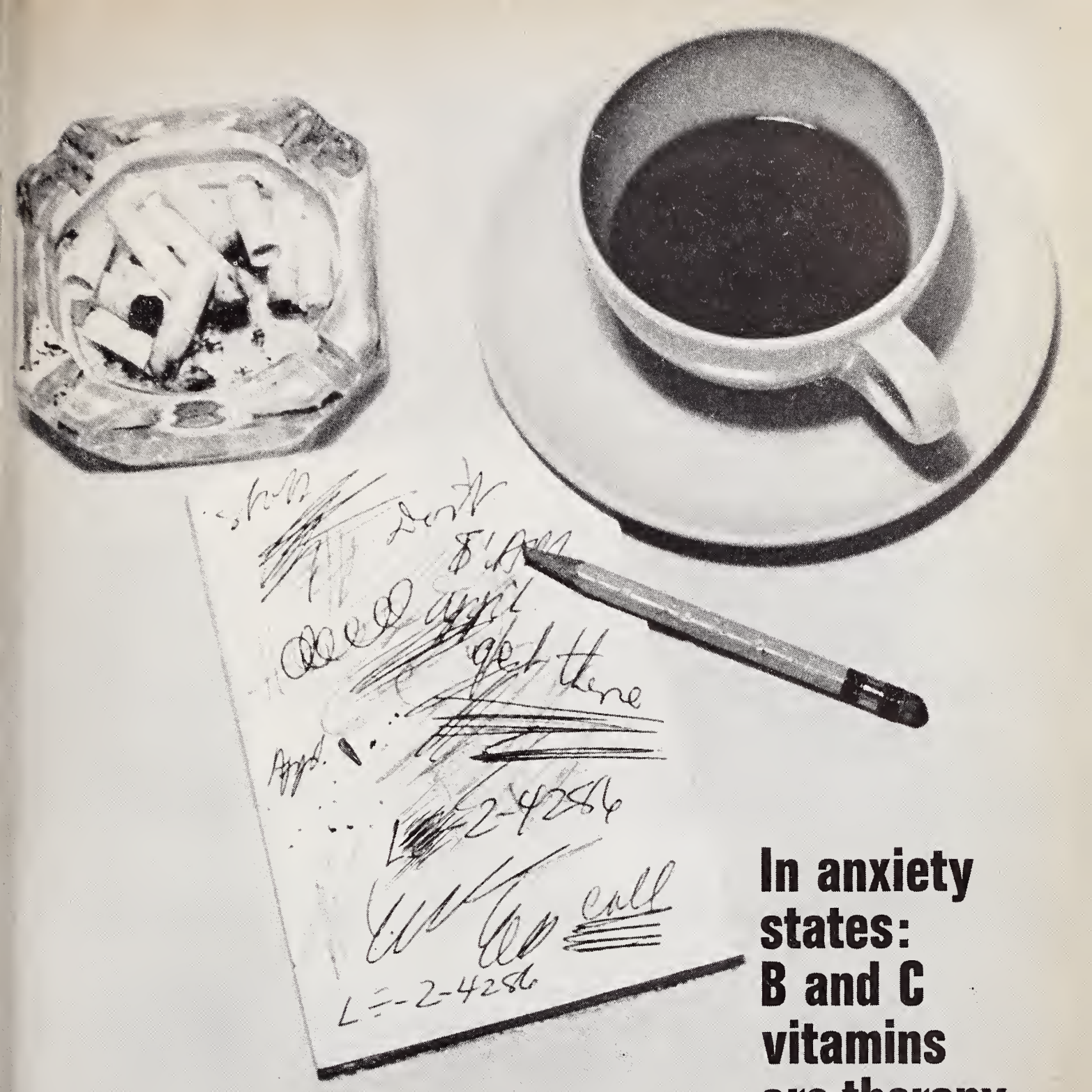
(C) We will no longer be able to charge to your account laboratory services done *outside* our office. You must pay these charges yourself and obtain a receipted, itemized bill.

(D) It will be necessary for us to record certain medical information on your account card (bill) so that your statement will show the type of service and disease. This is required by law.

I regret these changes have been made necessary by law, but only in this manner can we continue to perform our job — which is to care for the patient.

Sincerely yours,

K. O. Neumann M. D.



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Vitamin B_{12} Crystalline	4 mcgm.
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Recommended intake: Adults, 1 capsule daily, for the treatment of vitamin deficiencies. Supplied in decorative "reminder" jars of 30 and 100; bottles of 500.

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The Woman's Auxiliary

REPORTS TO ISMA

In this, my first report to the ISMA, I bring you greetings from the auxiliary's new executive board, a revamped group of chairmen and appointed officers, and an increased and, I trust, more interested and dedicated membership, due to the efforts of last year on the state and county levels.



It has been my privilege and duty during the past year, as president-elect, to work with our members-at-large. You may not realize that Indiana has only 59 auxiliaries, whose membership covers 70 counties. Hence there are 22 counties in which our only contact is through membership-at-large.

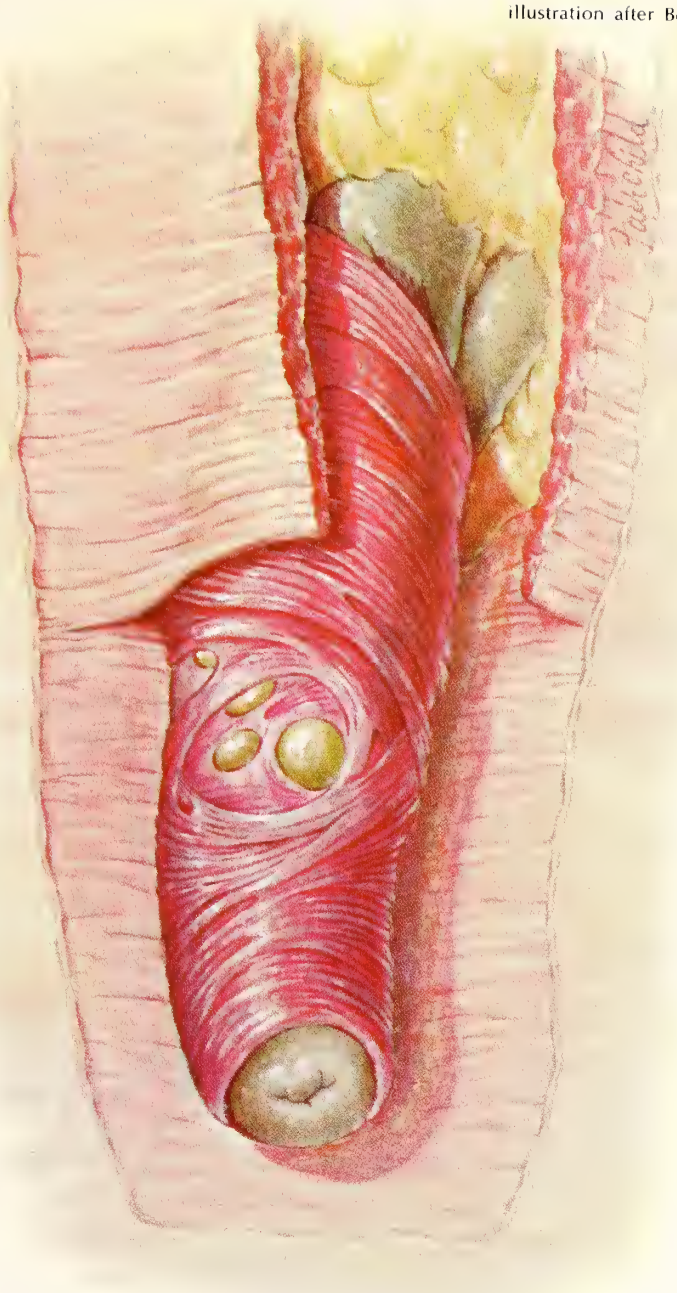
Last year there were 61 MAL's, while this year we have 74, or a gain of 13. In an attempt to reach the many women in these unorganized counties who are being deprived of their rightful privilege of membership, a survey was made of our potential. The results revealed a total of 162 wives and widows whose names do not appear in our roster.

A personal letter was mailed to each of these, containing information provided by the national auxiliary concerning the history, objectives and achievements of the organization. From these 160 letters I received 12 replies, two of whom had for a number of years been members of the auxiliary in an adjoining county. I mention this because it was necessary to use your office mailing addresses and I wonder whether a large percentage of these letters failed to reach their destination.

We need these women as members and they need to take advantage of their unique privilege. Our national president recently said, "As physician's wives we are indeed fortunate in having available to us the AMA's Woman's Auxiliary to provide the means by which we can be responsible citizens in our husbands' field of service."

Mazo D. Scales

illustration after Boyden



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The sphincter of Oddi is made up primarily of smooth muscle fibers. It permits the gall bladder to fill, regulates the flow of bile and pancreatic enzymes and in dysfunction is a primary cause of Biliary Dyskinesia. The sphincter of Oddi is but one of five major foci of smooth muscle spasm where SPACOLIN® (Alverine citrate) acts directly with rapid onset and long duration. No neurotropic side effects because Spacolin is a musculotropic counter-spasmodic unrelated to atropine or atropine-like drugs. Spacolin is not contraindicated in prostatic hypertrophy.

SPACOLIN® (Alverine citrate)

Each tablet contains: Alverine citrate 120 mg.

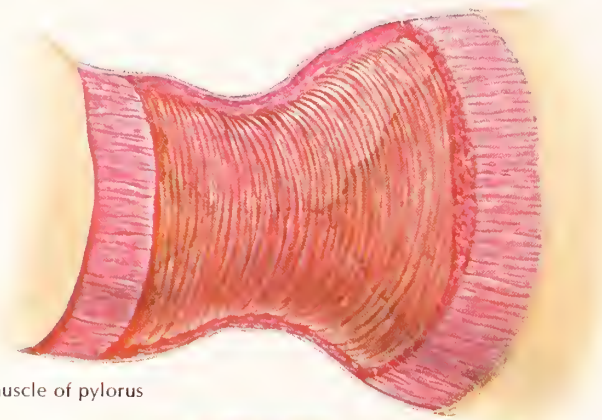
INDICATIONS: Smooth muscle spasmolytic for use in spastic colon, spastic conditions of the gastrointestinal tract, biliary dyskinesia, cholecystitis, spasm associated with peptic ulcer,* achalasia, pylorospasm, spasm attendant to diarrhea, spastic conditions of the genitourinary tract attributable to inflammation and calculi, certain primary dysmenorrheas and as an aid in cystoscopic, esophagoscopic and gastroscopic examinations. DOSAGE: One tablet after meals 1 to 3 times daily at discretion of physician. When treating spasm associated with peptic ulcer, achalasia or pylorospasm, administer tablets ½ hour before meals. In dysmenorrhea, one tablet 3 times daily starting at onset of discomfort. PRECAUTION: Caution is recommended when using in hypotensive patients. SIDE EFFECTS: In common with other smooth muscle depressants, Spacolin temporarily lowers blood pressure.

*Antacid and dietary measures are of primary importance in ulcer treatment and should not be neglected.

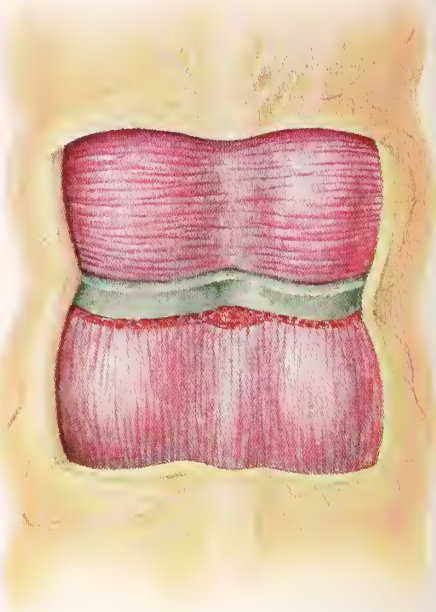
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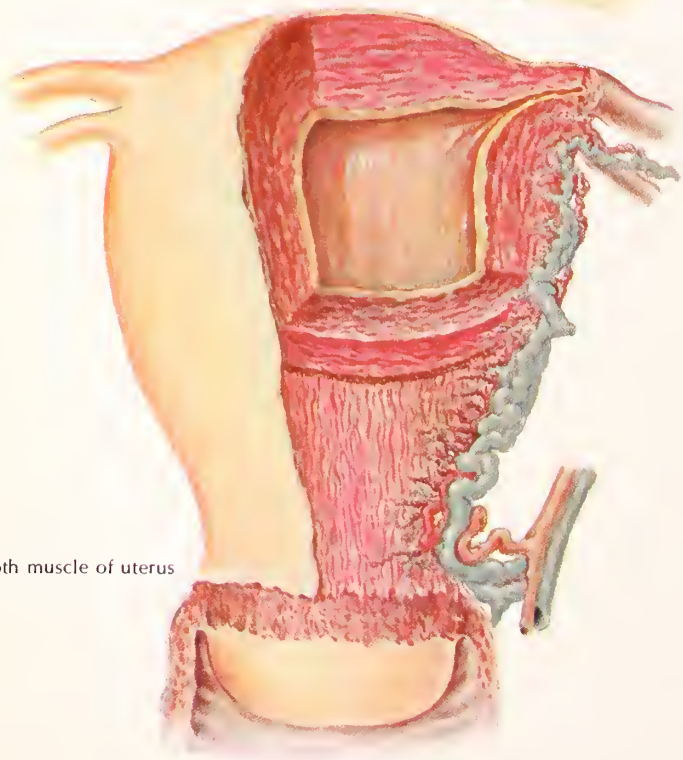
smooth muscle sphincter of Oddi



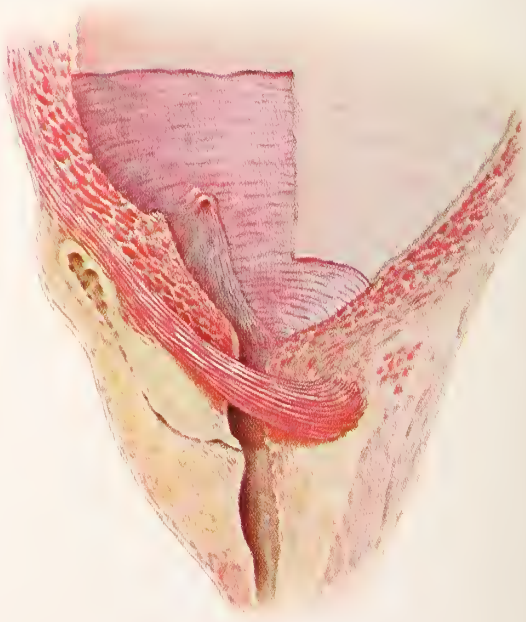
smooth muscle of pylorus



smooth muscle of colon



smooth muscle of uterus



smooth muscle of urinary bladder



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A Survey of Hospital Emergency Department Facilities In Indiana

By the State Trauma Committee Of the American College of Surgeons

THE survey was begun in the fall of 1963 and was completed in 1964. The state was divided into 24 arbitrary areas and a Fellow of the College who was a member of the Trauma Committee was appointed to survey each area. Each chairman was supplied with a list of hospitals in his region, together with standard survey forms, a plan of survey developed in New Jersey, instructions from the Director of the Field Program on Trauma, copies of Emergency Department Standards and an explanatory letter from the state committee. Subsequently, follow-up communications were forwarded to the areas in an attempt to obtain the necessary information. A letter to each hospital was likewise sent by the central office of the College informing them of the proposed survey. The Indiana Hospital Association co-operated by informing the hospitals of the purpose of the survey.

Data was requested from the 116 hospitals in the state of Indiana that are approved by the State Department of Health. Military hospitals and institutions for chronic diseases were not included in the survey with the exception of four tuberculosis sanatoria with large outpatient departments. Replies were received from 88 or 77% of the hospitals from which information was requested. No information was received from five of the 24 areas. These areas contained 17 of the 28 hospitals which were not surveyed. The committee received 78 reports for analysis. After completion of the survey, one additional hospital reported that no emergency department was available and another one stated that the department was under construction. Eight other institutions were reported as sending the information directly to the college office in Chicago. These latter 10 were therefore not available to the committee for this study.

One-half True Emergencies

Hospitals containing an aggregate of approximately 12,000 beds presented sufficient data so that conclusions could be reached by the committee. The majority of the institutions served combined urban and rural areas, since most of the cities in Indiana are of medium or small size and act as centers for surrounding areas. Emergency department visits more than doubled in number over the 10-year-period from 1950 to 1960.

The percentage of true emergencies among those patients visiting these departments varied considerably in interpretation from one hospital to another, but it appeared that less than 50% of these were true emergencies. Approximately two-thirds of the hospitals reporting had combined outpatient and emergency departments. This is due to the small size of the average hospital in Indiana and would tend to weight the figures somewhat.

Practically all of the emergency departments of these hospitals functioned 24 hours a day. Laboratory and x-ray services were available 24 hours a day in almost all hospitals. A radiologist was also available to the department in two-thirds of the hospitals.

In over one-half of the hospitals, a doctor on first call for the emergency department was not in the hospital at all times. Only one-half of the hospitals reported that every patient in the emergency department was seen by a doctor on their first visit. In the majority of instances, it was reported that nurses could not treat patients unseen by the doctor, but could do so upon a doctor's

telephoned order. Nurses were assigned to the emergency department on a permanent basis in only a little over one-half of the hospitals and performed additional duties in many instances.

Supervision Varied and Vague

Professional supervision in emergency departments was varied and in some cases somewhat vague. In about one-half of the hospitals there was a staff committee and in others the chief of surgery or a rotating surgeon was in charge of the department. In about one-third the responsibility did not appear to be definitely fixed. The medical staff was governed by either special or general hospital rules in regard to consultation in the emergency department in the majority of hospitals. Consultation apparently depended upon the judgment of the physician.

In almost all hospitals the staff charged a fee for emergency department services for all classes of patients. The majority of the institutions reported disaster plans in effect and trial runs.

Only eight of the 78 hospitals reported an intern and/or resident staff. Figures concerning their activities therefore are probably not meaningful. In no situation were interns permitted to administer general anesthesia, repair tendons or reduce open fractures in the emergency room. Neither were they permitted to perform tracheostomies, aspirations of the abdominal and thoracic cavities or elective surgery. Interns were allowed to administer local anesthesia and to suture skin lacerations in most instances. A few hospitals permitted interns to perform tracheostomies, aspirations of the joints and to reduce closed fractures.

In no institutions were residents allowed to administer general anesthesia, reduce open fractures, repair tendons or perform elective surgery in the emergency department. On the other hand they were permitted to administer local anesthesia, suture lacerations, perform tracheostomies and aspirations in most institutions and to reduce closed fractures.

In a number of hospitals the attending staff administered general anesthesia, performed tendon repairs and even reduced



open fractures in the emergency department. Local anesthesia, repair of lacerations, tracheostomies, aspirations and closed reduction of fractures were carried out when necessary in the department.

In the majority of instances, general anesthesia, tendon repairs and open reduction of fractures were carried out by the attending staff in the regular operating suites. A large number of aspirations were done elsewhere than in the emergency department. Roentgenograms were taken immediately after the reduction of fractures in almost all cases. The practice of surgical preparation, use of sterile drapes together with hand scrubs and the wearing of gloves was widespread. Gowns, caps and masks were utilized, however, in only about one-third of the emergency departments studied.

Emergency Care Only

Major operating room facilities were available 24 hours a day in all hospitals reviewed except one. Active immunization with tetanus toxoid was routine in unimmunized persons with open wounds in two-thirds of the hospitals as was an attempt to complete the immunization, but the patient was seldom given any written record of the immunization. In almost all institutions whole blood was available and plasma expanders were stored in the emergency departments.

It was generally believed by all those operating these facilities that the primary function of the emergency department should be *only the care of emergencies.* A few felt that patients requiring attention should be treated in this department until a physician could be obtained for the patient. Still others utilized the department as an outpatient facility. All hospitals and physicians were concerned over the problem of the increasing demand upon the emergency department for other than emergency care.

The committee was impressed with the efforts being made by most hospitals and physicians to equip, expand, improve and staff better emergency departments. It was pleased with the interest and co-operation received during the survey by all concerned.

John V. Thompson, M.D.
Vice-Chairman
Indiana Committee on Trauma
American College of Surgeons

Participating Fellows: Carl D. Martz, M.D., Edwin R. Eaton, M.D., William H. Norman, M.D., Dennis S. Megenhardt, M.D., Robert F. Nagan, M.D., Wayne Carson, M.D., Stanley J. Battersby, M.D., Joseph C. Finneran, M.D., Robert H. Williams, M.D., William R. Noe, M.D., Ambrose C. Estes, M.D., Harold D. Caylor, M.D., Thomas C. Haller, M.D., James D. Finfrock, M.D., Mell B. Welborn, M.D., Albin A. Jahns, M.D., Joseph E. Kopcha, M.D., Ralph M. Bolman, M.D., V. Earle Wiseman, M.D., Richard P. Good, M.D., William B. Ferguson, M.D., Joseph B. Davis, M.D., Leland G. Brown, M.D., W. Keith Sloan, M.D., John R. Higgins, M.D., Donald W. Ferrara, M.D., Russell L. Malcolm, M.D., Clifford A. Wiethoff, M.D., Leslie M. Bodnar, M.D., Paul E. Humphrey, M.D., Jack E. Dittmer, M.D., John S. Hash, M.D., and James M. McIntyre, M.D.

Advisory members: Elton TeKolste, Wilbur C. McLin, Edmund J. Shea, Jack A. L. Hahn, Richard L. Albright and George P. Goshorn. ◄



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LICENSED: Illinois Department of Mental Health.
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Several hundred of them used the same phrase—"I don't know what we would have done without Blue Cross–Blue Shield." And that's one of the nicest things that could be said about Indiana's largest health care plan.

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(One of a series of ads being run in key Hoosier newspapers)

Bibliography of W. D. Gatch, M. D.

Mrs. W. D. Gatch has a limited supply of reprints of all scientific medical articles which Dr. Gatch wrote or co-authored. She has kindly offered to make these available to physicians who wish them.

Following is a chronological listing of the reprints. Requests to *The Journal* will be honored in the order received and as long as the limited supply lasts.

The requests will be given to Mrs. Gatch who has very kindly offered to mail the reprints.

1910 Nitrous-Oxid-Oxygen Anesthesia by the Method of Rebreathing

1911 Report of a Case of Extensive Thiersch Skin Graft

1911 The Treatment of Aneurism of the Abdominal Aorta by Partial Occlusion of the Aorta with the Metallic Band — The Effect upon the Urinary Secretion of this Procedure

1911 The Use of Rebreathing in the Administration of Anesthetics

1912 Aseptic Intestinal Anastomosis

1914 Manner of Growth and Surgical Treatment of Cancer of the Breast

1914 The Effect of Laparotomy upon the Circulation

1915 Precancerous Lesions

1917 Anesthesia in Curriculum and Clinic

1921 Surgical Aspects of Pernicious Anaemia

1922 A Case of Eclampsia with 42 Convulsions

1922 The Clinical History of Tumors of the Face and Jaws as a Guide to Their Correct Diagnosis and Proper Treatment

1924 A Report on 262 Consecutive Cases of Appendicitis

1925 Giant Cell Tumor of Middle Third of Shaft of Fibula

1927 The Control of Jejunal Ulcer by Deep Roentgen Therapy, with Case Report

1927 Some Observations on X-Ray Therapy

1927 Acute Intestinal Obstruction

1928 Causes of Death in Acute Intestinal Obstruction

1930 Rupture of the Pancreas without External Signs of Injury

1930 Use of Ultraviolet Light in the Preparation of Infected Granulation Tissue for Skin Grafting; the Value of Very Thick Thiersch Grafts

1931 The Blood Chemistry, Toxemia and Mechanics of Advanced Intestinal Obstruction, with Deductions on Treatment

1933 Remarks on Intestinal Anastomosis with a Description of a Simple Aseptic Technique

1937 Cancer of the Breast

1937 Fundamental Considerations in the Operative Treatment of Advanced Intestinal Obstruction with Especial Reference to the Management of Cases Complicated by Gangrene of the Intestine

1938 Some Considerations on Wound Healing

1938 Disturbances of the Blood and Lymph Circulation of the Abdomen

1940 Case of Large False Aneurysm of the Right Subclavian Artery Successfully Treated by a Modification of the Matas Operation

1939 The Traumatic Abdomen

1939 Intussusception in the Adult

1940 Organizing the Educational Program — Graduate Training for Surgery

1940 Education of the Public on Medical Subjects

1943 Diagnosis and Treatment of Abdominal Injuries

1944 Lay Domination of Medical Practice

1944 A Cannula for Measuring Intrathoracic Pressure

1944 Prospects for Our Association (Western Surgical)

1945 Medical Education

1945 The Treatment of External Hernias Containing Gangrenous Bowel

1946 The Nature and Treatment of Cholecystitis

1948 The Preservation of General Practice

1948 Transgastric Removal of Large Solid Bodies Impacted in the Lower Part of the Esophagus

1949 The Systemic Effects of Untreated Bowel Obstruction

1951 The Health of our Pioneer Ancestors

1953 On the Possibility of Eradicating Breast Cancer by Operation

1956 A Melanoma Apparently Primary in a Breast

Not dated Surgical Prognosis

Indiana Chosen for Pilot Study Under VA Hometown Program

INDIANA is one of three states chosen for a pilot program under the Veterans Administration for the hometown treatment of veterans with service-connected conditions.

The program, which got underway May 1st, will be tested in Alabama and Colorado also. The VA hopes that it will prove successful and can be extended nationwide.

Under the plan, a veteran entitled to treatment on a fee basis will receive an identification card on which the conditions for which he may be treated are stated. The veteran will be advised to seek treatment when he needs it, by selecting a doctor of his own choice.

The doctor, in turn, will treat the patient to the extent that he feels is necessary and will bill the VA in a manner exactly similar to that he uses for his own patients. He will charge his "usual and customary" fee and will be asked to submit medical reports only when there is a significant change in the veteran's service-connected disability.

The program has three advantages:

1) There will be no controls by the Veterans Administration as to the visits the patient may make to the doctor.

2) The doctor does not have any claim form or medical report to file; he merely files an itemized bill on his own letterhead.

3) The VA program has no fee schedule and the doctor is permitted to file the "usual and customary" fee for services rendered; the VA will attempt to pay it in full. If charges seem to be excessive, the claim will be reviewed with the physician.

The only restriction will be if the cost of continuous treatment is expected to exceed $30 per month, prior authorization from the VA will be required. Explanatory letters are being sent to all physicians, describing the new method and soliciting cooperation, the VA said.

The pilot program is the result of over two years of negotiations with the VA Administration and ISMA. ◄

"ALCOHOLISM is a DISEASE"

The Keeley Institute, Dwight, Illinois, specializes in the individual and group care of those having a drinking problem.

Our progressive, well-rounded program is conducted in an atmosphere of friendly cooperation under the direction of physicians and experienced personnel. We take female patients as well as male.

The alcoholic can be helped . . .

Why not write now for detailed information on our low cost, comprehensive services — or phone 815 584-3001.

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Auto Leasing vs. Ownership

(WARRANTS YOUR INVESTIGATION)

TIME AND MONEY ARE IMPORTANT

Allow Us To

- Invest our capital in your vehicles
- Do your bookkeeping
- Spend our time in the purchase of your cars

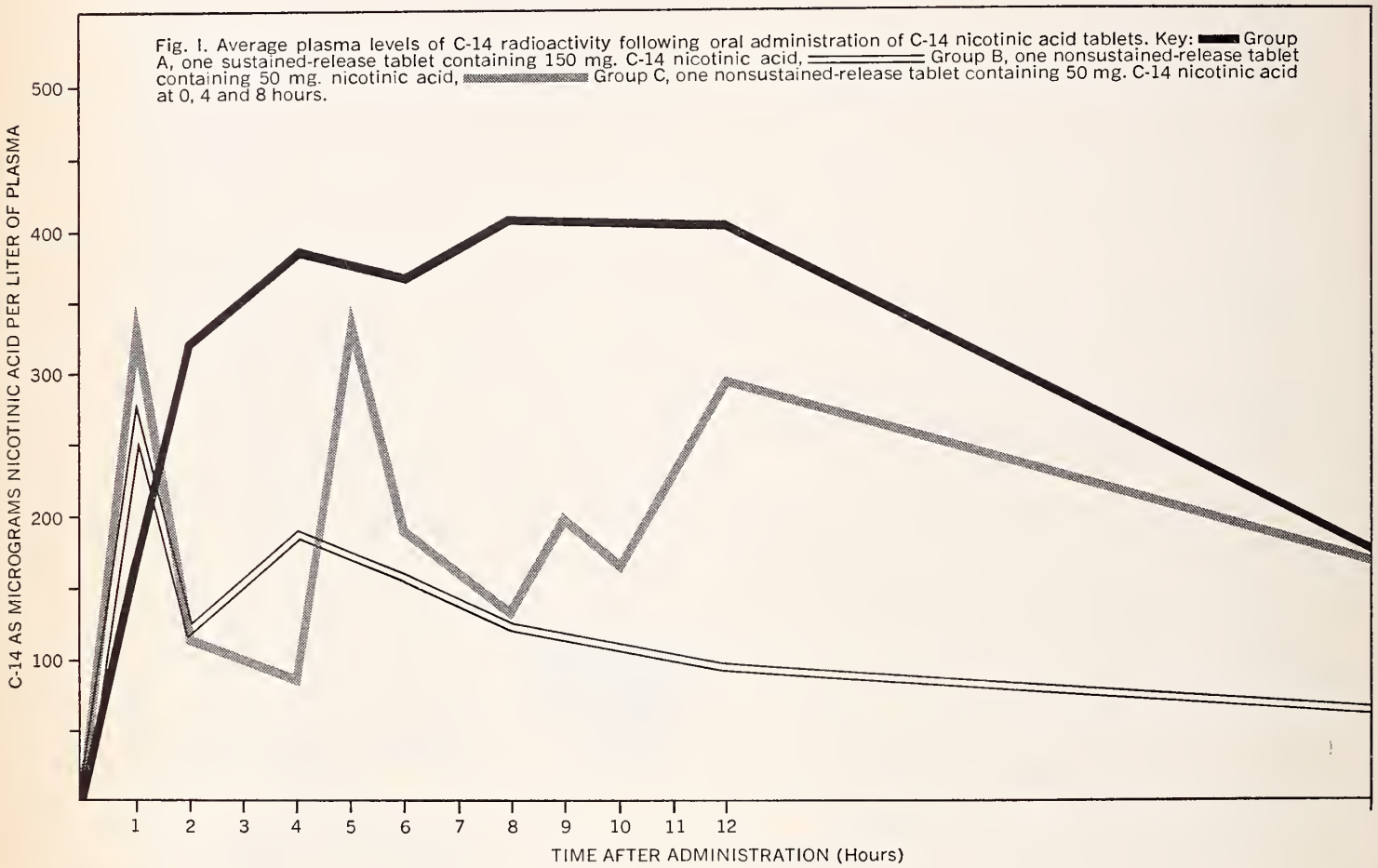
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Sustained circulatory, respirator
and cerebral stimulation for th

Fig. I. Average plasma levels of C-14 radioactivity following oral administration of C-14 nicotinic acid tablets. Key: ▬ Group A, one sustained-release tablet containing 150 mg. C-14 nicotinic acid, ═══ Group B, one nonsustained-release tablet containing 50 mg. nicotinic acid, ▬ Group C, one nonsustained-release tablet containing 50 mg. C-14 nicotinic acid at 0, 4 and 8 hours.





(fewer absent doses by absent-minded patients)

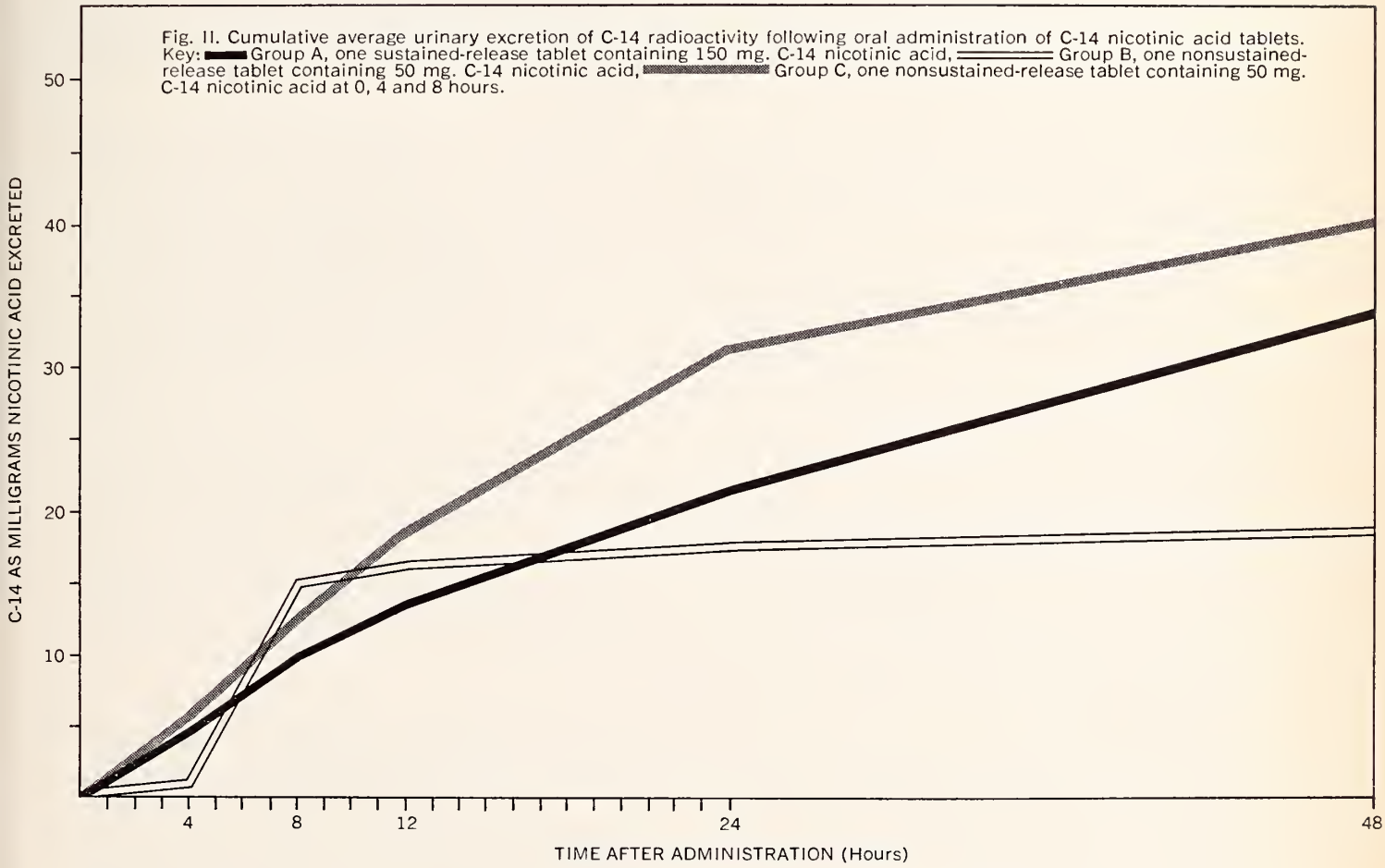
Human volunteer subjects were administered Geroniazol TT tablets with the nicotinic acid component made radioactive with C-14. Plasma and urine samples were analyzed. (See Figures I and II) The radioactive tracer study substantiated the previous clinical evidence that the release of nicotinic acid from the Geroniazol TT tablet produced a gradual rise in plasma levels to a plateau for a total of 12 hours and more.

Such proven sustained activity makes the management of geriatric patients much easier by minimizing the possibility of neglected doses through absent-mindedness or senile confusion. Therapy *can* be continuous on a daily dose of only one Geroniazol TT tablet every 12 hours.

The gradual release of nicotinic acid in Geroniazol TT will provide the well-known peripheral vasodilatation needed in patients with deficient circulation and with a minimum amount (if any) of "flushing." Also, cerebrovascular circulation is complemented by pentylenetetrazol, long-established as a cerebral and respiratory stimulant.

Geroniazol TT improves the typical, unfortunate, signs of senile confusion. Patients become more alert,

ged and debilitated



less confused and moody. Personal care, memory, emotional stability, social attention improve. Fatigue, apathy and irritability are reduced.

A prescription for 100 tablets of Geroniazol TT will permit your patients to enjoy the benefits of time-prolonged nicotinic acid/pentylenetetrazol therapy, at an economical price. Dosage is only one tablet every 12 hours.

Contraindications: There are no known contraindications.

Precautions: Exercise caution when treating patients with a low convulsive threshold.

Side Effects: Side effects are rarely encountered, however due to the vasodilatation effect of nicotinic acid, transitory mild nausea, flushing, tingling and pruritus are possible.

Dosage: One tablet every 12 hours.

Supplied: Prescribe bottles of 100 tablets, to take advantage of recent price reduction.

References: 1. Report by Nuclear Science & Engineering Corp., Pittsburgh, Pa., in files of Philips Roxane Laboratories. 2. Connolly, R.: W. Virginia Med. J. *56*:263 (Aug.) 1960. 3. Curran, T. R., and Phelps, D. K.: Am. Pract. & Digest Treat. *11*:617 (July) 1960.

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PHILIPS ROXANE LABORATORIES
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Geroniazol® TT

nicotinic acid 150 mg., pentylenetetrazol 300 mg.
Tempotrol® Time Controlled Tablet

The Medicare "Request for Payment" Form

A single, easy-to-fill-out form for older people and physicians to use in requesting payment under the medicare program was announced today by Robert M. Ball, Commissioner of Social Security.

The one-page form was developed in close cooperation with representatives of the American Medical Association's Council on Medical Services, Ball said. It has also been approved by the Health Insurance Council, a body representing the health insurance industry.

The form was discussed and recommended for adoption by the Health Insurance Benefits Advisory Council, a group appointed under the law to advise on administrative policies and regulations. Nine of the 16 members of the advisory council are physicians.

The "Request for Payment" form will be used for claims under the voluntary doctor bill insurance part of the Medicare program, the Social Security commissioner said. Beginning July 1, people 65 and over who are enrolled for the voluntary insurance will get payment for 80% of their doctor bills and other medical expenses, after they have met the first $50 of these expenses. There will be two ways to claim payment for medical services, he said. The same form will be used for either method.

Under one method, the doctor will bill the patient, and after the patient has paid the bill, the patient will claim reimbursement. Under the other method, if the doctor and patient agree, the doctor will send in the claim and receive payment. This method of requesting payment can be used where all or any part of a medical bill still remains to be paid.

Under the payment to patient method, the patient will fill in the top half of the form and attach the doctor's itemized receipted bills. He will need to ask the doctor to fill out the bottom half of the form only if the receipted bills do not give the necessary basic facts about the services supplied and when and where they were furnished.

Under the payment to doctor method, the patient will fill in the top half of the "Request for Payment" form and give the form to the doctor. The doctor will fill in the bottom half of the form and send the form to the organization which will be handling medical insurance benefits in that area of the country.

If the payment to doctor method is used, the doctor agrees to accept the amount paid to him by the medical insurance program as 80% of his total bill, over and above the $50 deductible amount — that he will collect from the patient no more than the remaining 20%, plus any part of the $50 deductible still owing him.

Commissioner Ball said that a sample form and a copy that the older person can use in making his first claim will be included in "Your Medicare Handbook," a detailed instruction book that will be mailed in June to all persons entitled to hospital insurance and medical insurance benefits under the Medicare program.

Additional copies of the forms will also be available at physicians' offices and all Social Security offices, and at offices of the organizations in each area who have been selected to receive and pay bills under the medical insurance program.

Correct Shoes for Posture

Careful shoe fitting with necessary wedging and alignment for abnormalities assured by skilled and interested "Doctor's helpers."



Prescriptions and Referrals invited
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HEIDS SHOE PRESCRIPTION SERVICE
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

REQUEST FOR PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(Type or Print all Information)

Form Approved.
Budget Bureau No. 72-R730

Copy from your HEALTH INSURANCE CARD

NAME OF BENEFICIARY *(Patient)*

CLAIM NUMBER

☐ MALE ☐ FEMALE

PART I—CLAIMS INFORMATION—TO BE COMPLETED BY PATIENT.

1. Describe the illness or injury for which you received treatment. *(You do not need to complete this item if your doctor completes Part II below)*

2. Was your illness or injury connected with your employment? ☐ YES ☐ NO

3. Are you attaching itemized receipted bills? ☐ YES ☐ NO

4. ASSIGNMENT: Do you want payment for an unpaid bill made directly to the physician or supplier? ☐ YES ☐ NO

AUTHORIZATION: I authorize release of any information required to act on this claim and permit a photographic or other facsimile reproduction of this authorization to be used in place of the original.

REQUEST FOR PAYMENT: I am requesting payment either to myself or to the party accepting my assignment for the medical insurance benefit, if any, payable for the reasonable charges for services or supplies described. Where payment is assigned, I understand I am responsible for the deductible and 20% of the remaining reasonable charges.

5. SIGNATURE *(Patient or authorized representative)*

DATE SIGNED

6. ADDRESS *(Street address, City, State, ZIP Code)*

TELEPHONE NUMBER

PART II—REPORT OF SERVICES—TO BE COMPLETED BY PHYSICIAN—

This Part, Including Physician's Signature, Need Not Be Completed If Paid, Itemized Bills Are Submitted.

7. A. DATE OF EACH SERVICE	B. PLACE OF SERVICE[1]	C. FULLY DESCRIBE SURGICAL OR MEDICAL PROCEDURES AND OTHER SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN	D. NATURE OF ILLNESS OR INJURY REQUIRING SERVICES OR SUPPLIES *(Diagnosis)*	E. CHARGES	Leave Blank
				$	

8. NAME AND ADDRESS OF PHYSICIAN OR SUPPLIER *(Number and street, City, State, ZIP Code)*

TELEPHONE NUMBER

CODE NO.

9. Total Charges	$
10. Amount Paid	$
11. Any Unpaid Balance Due	$

12. ASSIGNMENT OF PATIENT'S BILL *(See reverse)* ☐ I ACCEPT ASSIGNMENT ☐ I DO NOT ACCEPT ASSIGNMENT

13. SIGNATURE OF PHYSICIAN OR SUPPLIER *(A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)*

☐ MD ☐ DO ☐ DDS OR DMD

DATE SIGNED

[1]O—Doctor's Office IH—Inpatient Hospital ECF—Extended Care Facility OL—Other Locations *(Specify in 7C)*
IL—Independent Laboratory *(give name and address in 7C)* H—Patient's Home OH—Outpatient Hospital NH—Nursing Home

FORM SSA-1490 (4-66)

Rural Practice Stressed At I.U. Junior-Senior Day

APPROXIMATELY 200 junior and senior medical students and their wives, members of the Commission on Public Health and officials of the Indiana State Medical Association attended the annual Junior-Senior Day Program held March 26 at the Columbia Club, Indianapolis.

The program is directed by the Commission on Public Health to encourage junior and senior medical students to give consideration to general practice in rural Indiana.

The program this year included such subject material as "Your Future In The ISMA," "The Role of The Medical Service Representative," "How To Make More Dollars As A Family Practitioner In A Rural Community," "Blue Shield And You," a question and answer panel on some of the practical aspects of rural medical practice and a reception in the afternoon including dinner at which Dr. Eugene S. Rifner, president-elect of the Indiana State Medical Association, spoke on the "Joy of the Practice of Medicine."

Other participants in the afternoon program included Dr. Thomas O. Middleton, Bloomington, chairman of the Commission on Public Health; Dr. Kenneth O. Neumann, Lafayette, president, ISMA; John A. Floren, Indianapolis, District Sales Manager of Mead Johnson Laboratories and Dr. T. Neal Petry, Delphi, who, in addition to appearing on the program, served as Program Planning Committee chairman.

Other appearances were made by Harold Neff, Ft. Wayne, president, Professional Management; Dr. Glen V. Ryan, Indianapolis, president, Blue Shield; William R. Powers, medical student and participant in ISMA's Preceptor Program; Dr. Robert M. Seibel, Nashville and Dr. James B. Johnson, Greencastle, both general practitioners.

This affair attracts between 200 and 300 medical students each year and is considered one of the outstanding programs in ISMA's annual events schedule.



JUNIOR and senior medical students applaud one of the speakers during the annual Junior-Senior Day held at the Columbia Club, Indianapolis. The event attracted approximately 200 students, their wives and officials of ISMA.



Butazolidin® alka

Phenylbutazone	100 mg.
Dried aluminum hydroxide gel	100 mg.
Magnesium trisilicate	150 mg.
Homatropine methylbromide	1.25 mg.

In rheumatoid arthritis—effective therapy with minimal chance of G-I upset

Therapeutic Effects
Fifty to 75% of patients obtain major relief of arthritic symptoms, as reported by numerous clinicians. In addition, the problem of gastric upset—a major problem with certain other oral antiarthritic agents—is minimized by the presence of antacids and an antispasmodic in the formulation.

Improvement is generally seen within 3 to 4 days, and trial therapy need not be continued beyond a week. Relief of pain is followed quickly by resolution of inflammation and improved joint function. Relief of symptoms is often accompanied by increased appetite, gain in weight and an improved sense of well-being.

The initial response is usually maintained without dosage increases; indeed, initial dosage is often reduced for maintenance purposes.

Salicylate or steroid therapy can usually be diminished or, in some instances, eliminated.

Contraindications
Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. Because of the increased possibility of toxic reactions, the drug should not be given when the patient is senile or when other potent chemotherapeutic agents are given concurrently. Large doses of Butazolidin alka are contraindicated in patients with glaucoma.

Precautions
Before prescribing, the physician should obtain a detailed history and perform a complete physical and laboratory examination, including a blood count. The patient should be kept under close supervision and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Regular blood counts should be made. The drug should be used with greater care in the elderly.

Warning
If coumarin-type anticoagulants are given simultaneously, the physician should watch for excessive increase in prothrombin time.

Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea and sulfonamide-type agents and insulin. Patients receiving such concomitant therapy should be carefully observed for this effect.

Adverse Reactions
The most common adverse reactions are nausea, edema and drug rash. The drug may reactivate a latent peptic ulcer. Infrequently, agranulocytosis, generalized allergic reaction, stomatitis, salivary gland enlargement, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia are also possible side effects. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hepatitis, jaundice, and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently.

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In the meantime, remember me as the one who treats your arthritis, your blood pressure, your aches and pains. The one who is concerned with your long and comfortable physical life and—I hope—your mental stability in these trying hours.—Reprinted from *The St. Louis County Medical Society Bulletin,* Jan. 21, 1966. ◄

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Dextro-amphetamine sulfate: Use by unstable individuals may result in psychological dependence.

Meprobamate: Careful supervision of dose and amounts prescribed is advised; especially for patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g. alcoholics, former addicts, and other severe psychoneurotics, has been reported to result in dependence. Where excessive dosage has continued for weeks or months, reduce dosage gradually. Sudden withdrawal may precipitate recurrence of pre-existing symptoms such as anxiety, anorexia, or insomnia; or withdrawal reactions such as vomiting, ataxia, tremors, muscle twitching and, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, reduce dose—operation of motor vehicles, machincry or other activity requiring alertness should be avoided. Effects of excessive alcohol consumption may be increased by meprobamate. Appropriate caution is recommended with patients prone to excessive drinking. In patients prone to both petit and grand mal epilepsy meprobamate may precipitate grand mal attacks. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

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WARNINGS: Dosage of coadministered antihypertensive agents should be reduced by at least 50%. Use with caution in edema due to renal disease; advanced hepatic disease or suspected presence of electrolyte imbalance. Stenosis or ulcer of small intestine have been reported with coated potassium formulas and should be administered only when indicated. Until further clinical experience is obtained, the use of the drug in pregnant patients should be carefully weighed against possible hazards to the fetus.

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Duodenal mucosa with ulcer crater—
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this issue: partners in misery

Partners in misery: common cold and duodenal ulcer*



A century or two ago our forefathers believed that the common cold was caused by an excess of evil humors. Today we regard these baleful humors as a result of the cold rather than its cause. Only in the last ten years have some of the offending viruses been cultivated, and we now know many others can be transmitted to human volunteers although they cannot yet be grown in the laboratory. Various body defenses react to infection by a virus, and in the respiratory tract the lung is protected by the phagocytic properties of the pulmonary alveolar macrophage.[1]

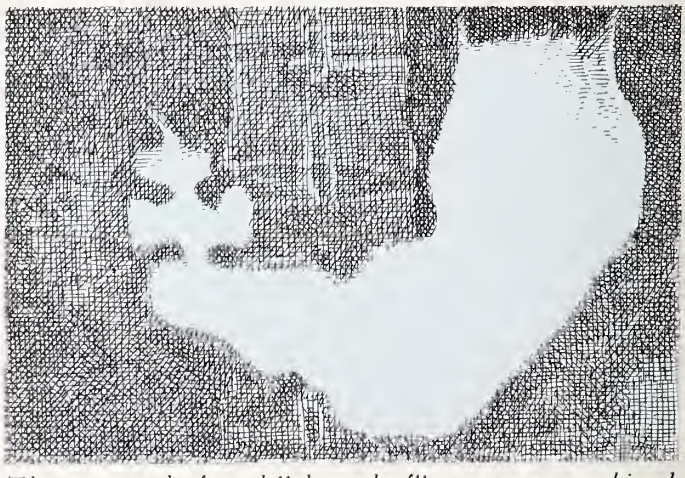
Because of the brief history and large proportion of unidentified viruses, effective prophylactic vaccines have not yet appeared. A universal antiviral agent seems even more remote. Meanwhile, these viruses continue to produce epidemics of upper respiratory infection at seasonal intervals, particularly in spring, fall and winter, during which they propagate and distribute progeny indiscriminately. As a result, they are responsible for significant work loss. Since the immunity afforded is temporary, recurrent infections are common.

This recurrent morbidity in spring and fall is shared by duodenal ulcer, itself a cause of significant loss in wages and medical expense. Thirty years ago Emery and Monroe reported 1,279 recurrences of peptic ulcer of which 13 per cent could be attributed to upper respiratory infection, thus confirming a long-held clinical impression.[2] While the inflammation, congestion and secretion of the mucosa of the nasopharynx in the common cold, and the hyperemia and hypersecretion of the gastric mucosa during acute exacerbation of a duodenal ulcer may not be directly linked, it is probable that the miseries of the infection are reflected in the pain of the ulcer. The following case history illustrates this point.

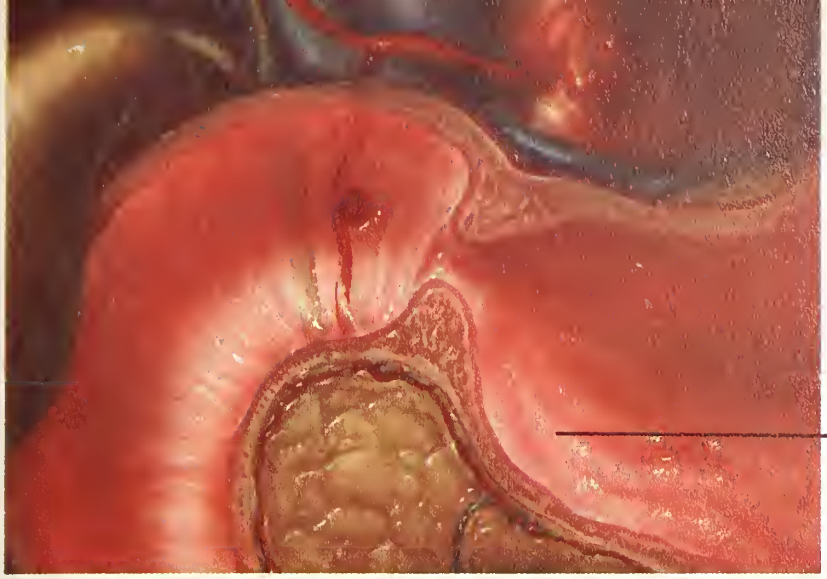
Case report A 48 year old white male executive, suffering from hematemesis and melena for 12 hours was admitted to hospital on April 8, 1965. He gave a history of duodenal ulcer proved by x-ray studies 23 years previously. In the intervening years he suffered from typical epigastric pain occurring two hours postprandially, usually for two or three weeks each spring and fall. A hospital admission two years earlier had followed hematemesis of moderate amount.

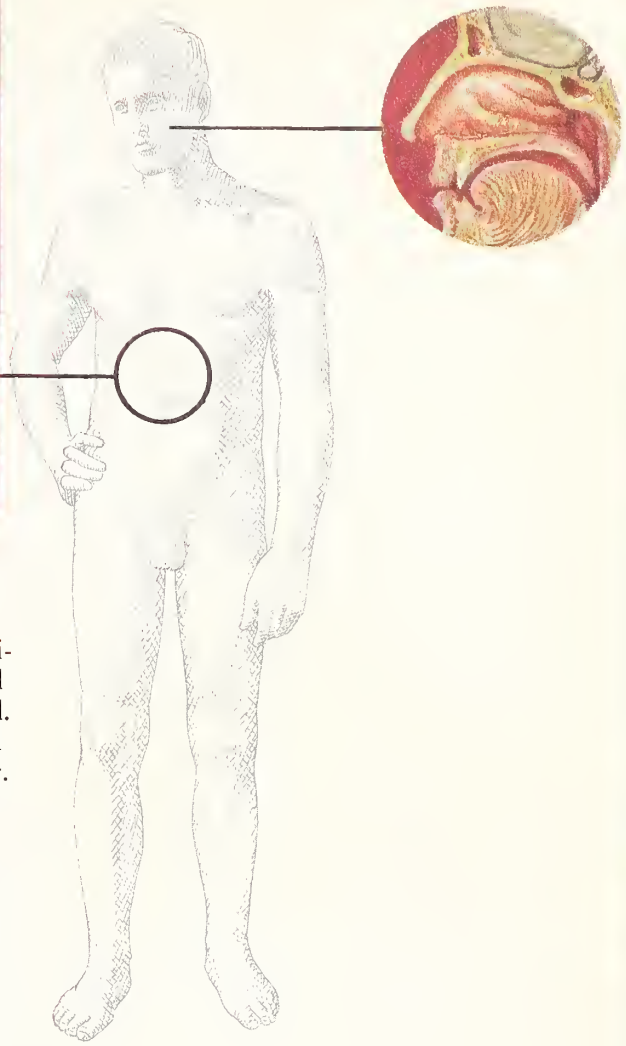
The present admission was preceded by a recurrence of pain during a period of unusual business pressure. In addition he caught a cold one week before his entry to hospital and his already irregular eating habits were made more so by loss of taste and appetite, blocked nose and general malaise. During the final 36 hours he used aspirin to relieve his cold, taking 2 or 3 tablets with a glass of water on 6 or 7 occasions. Before retiring he drank a glass of hot toddy.

He awakened about 1 a.m. and vomited dark red blood and recently ingested food mixed with whisky. Melena followed and he was transferred to hospital. On admission he was pale, cold and sweating. Apart from epigastric tenderness and black stool on the examining finger after rectal examination, his general physical examination was not remarkable. Temperature was normal, pulse was thin and thready with a rate of 114 beats per minute, and blood



The commonly found "clover-leaf" roentgenographic abnormality of chronic duodenal ulcer due to spastic contractions and scarring.





Typical site of duodenal ulcer showing anatomical relationship to gastroduodenal artery and common bile duct.

pressure measurement was 104/60mm. of mercury. Hemoglobin estimation was 8.6 grams per cent, but white blood count, chest x-ray and urinalysis were within normal limits. No further bleeding occurred. After blood transfusions and a suitable medical regime he was dismissed two weeks later and advised to return later for consideration of surgery.

The care of the ulcer patient suffering from a viral infection of the upper respiratory tract is additionally handicapped by the local and constitutional symptoms so produced. Indifference to food often makes it difficult to "feed a cold" even in a patient without an ulcer. In the ulcer patient this becomes more than a homily, for malaise and apathy towards irksome routine produce a lack of interest in adhering to an ulcer program and result in its eventual failure if these symptoms are not relieved. The absence of curative treatment for these viral infections has spawned many a strange therapeutic offspring and some of the more generally accepted remedies contain a special risk for the ulcer patient.

To the gastric physiologist, the shot heard around the world was not fired at Concord but was discharged through the stomach of Alexis St. Martin. The worthy voyageur had a more than modest thirst and on several occasions William Beaumont observed through the resulting fistula the changes of gastritis which followed an immoderate ingestion of alcohol.[3] It is now well known that alcohol stimulates the production of gastric juice and the patient with an ulcer, even in remission, should not drink alcohol without first taking food, milk or antacid. The use of various alcoholic remedies for the common cold is to be strongly discouraged in this type of patient. Factors already present can produce an acute exacerbation of ulcer symptoms without the added stimulus of alcohol.

Headache and facial pain, sore throat and generalized aching are subjective discomforts of viral infections of the upper respiratory tract or their complications. Relief from them is usually sought in the family medicine cabinet, and of all the medications habitually stored there, salicylates are the most frequently used. Oral ingestion of salicylates has produced



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substernal pyrosis and sometimes epigastric pain in susceptible individuals. Bleeding from erosions of the gastric mucosa has followed their use and has been severe enough in some instances to cause hematemesis and melena.[4] It has been suggested that interference with the protective mucous layer of the stomach allows this to happen. There is no evidence that hypersecretion occurs, but the taking of aspirin has been followed by exacerbation of ulcer symptoms and occasionally by gastrointestinal bleeding.[5] The ulcer patient with a cold should take salicylates with an antacid, or preferably other means of symptomatic relief should be found.

Caffeine has two actions on gastric secretion. One directly stimulates production of acid and the other potentiates the out-pouring of gastric juice as a response to other stimuli.[6] In high doses to animals, it has produced erosive gastritis and peptic ulceration. Caffeine-containing beverages are discouraged for the ulcer subject and forbidden during an acute exacerbation.[7] Many cold remedies contain caffeine.

To sufferers from allergic rhinitis springtime brings symptoms of nasal obstruction, loss of taste and smell and malaise similar to those caused by viral infection but due instead to allergens which at that time of year are principally tree pollens. Relief from these symptoms can be obtained, though not wisely, by the use of steroid medication. Unfortunately, chronic sufferers from these allergies have used this approach with varying degrees of success. Steroid hormones increase gastric secretion and delay the healing of experimental ulcers.[8,9] Clinically their administration has been associated with reactivation of healed duodenal ulcers, and with bleeding and perforation which were not always preceded by typical ulcer distress. Because of these harmful effects, their use in the ulcer patient is best avoided for other than serious medical problems and then only with adequate antacid coverage.

Summing up It is immaterial by which pathways the malaise and lassitude, depression and irritability activate an ulcer, but it is the physician's responsibility to ensure that the medications he selects to relieve the symptoms of a cold do not further aggravate the ulcer.

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Place The Athenaeum, Indianapolis

Medicine At Law

DECISIONS AND OPINIONS

Highlights of recent court actions pertaining to health and medicine from *The Citation* prepared by the Law Division of AMA.

Medical Society not Charitable Organization—A bequest to a medical society was not a bequest to a charitable organization for the purpose of computing estate tax, a federal trial court ruled.

It was contended that the bequest was deductible under the section of the Internal Revenue Code providing for the deductibility of amounts bequeathed to any corporation organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, if no substantial part of its activities is propagandizing or otherwise seeking to influence legislation.

The society engages in a number of activities of a charitable or educational nature. However, it was organized as a professional association, having as one of its purposes the promotion of the unity, harmony, and welfare of the medical profession, and many of its activities have been directed to this purpose. In furtherance of this purpose, it has undertaken to influence government policy at the state and federal levels so far as it would affect the medical profession and has formed a ladies' auxiliary to assist it in this endeavor. It has a public relations program which is designed solely to promote the medical profession and its individual members. Its maintenance of a referral service is at least in part a noncharitable activity. The society's noncharitable activities are not incidental and insubstantial. Therefore, the bequest to it cannot be deducted for the purpose of computing estate tax, the court said.

Krohn v. U.S., 246 F.Supp. 341 (D.C., Colo., Oct. 12, 1965).

Temporary Injunction Granted in Suit to Enforce Covenant not to Compete—In a suit by a physician-employer against a physician-employee to enforce a covenant, contained in the contract of employment, not to compete after the termination of the employment relationship, there was sufficient evidence to support the issuance by a trial court of a temporary injunction, the Georgia Supreme Court ruled.

The physician-employer owned and operated two clinics separated by a distance of 17 miles. The employment contract was set forth in a letter written by the physician-employer and signed, as having been read and approved, by the physician-employee. The contract provided that, if it was terminated, the physician-employee would not practice medicine for a period of three years within a 50-mile radius of the clinic in which he had worked. The employment relationship was terminated after it had been in existence for two years and three months. Shortly thereafter, the physician-employee established an office for the practice of medicine within the prohibited area.

The physician-employee contended that the restrictive covenant was unenforceable because of lack of mutuality in the employment contract. Whether or not a contract lacks mutuality of obligation is to be determined, not as of the time it is made, but as of the time enforcement of it is sought. A promise which may be unenforceable at the time it is made, because of lack of mutuality, can be rendered enforceable by the promisee's subsequent furnishing of a consideration. Therefore, even if

there was originally a lack of mutuality in the contract's terms, the deficiency was corrected by the performance of it for the period of two years and three months, the court said.

The physician-employee further contended that the contract's provisions were so uncertain and incomplete that it was invalid and the covenant was, therefore, unenforceable. In support of this contention, he pointed out that matters such as vacations, trips, and time off were left to the parties' mutual consent, that it did not specifically provide that he was to be furnished office space and secretarial services, and that the term "overhead," which was a factor in determining his compensation, was not defined. A contract is not incomplete or uncertain because it fails to spell out the minute details incident to its performance or fails to define terms having a generally recognized meaning. However, even if the contract's provisions as to any of these matters were deficient, the deficiency was remedied by the fact that the parties performed the contract.

The physician-employee also contended that the covenant was unenforceable because its limitations as to territory and time were unreasonable. The physician-employer alleged that he had patients from throughout the area covered by the covenant and, if this is so, the territorial limitation was not too broad. Nor was the time limitation too long, the court said. In prior cases, covenants not to compete in the practice of medicine for ten years, or even for the life of the promise, have been upheld.

McMurray v. Bateman, 144 S.E.2d 345 (Ga., Sept. 9, 1965).

Optometrist's Testimony on Cause of Loss of Vision of No More Probative Value Than Layman's — A trial court erred in awarding a claimant workmen's compensation benefits for the loss of vision in his right eye, the Supreme Court of Tennessee ruled. The evidence failed to establish that there was a causal connection between the splashing of acid into the eye while he was at work and the loss of vision.

The claimant consulted an optometrist 15 minutes after the acid splashed into his eye. The optometrist's examination disclosed that the claimant had a mild conjunctivitis, a reddening of the blood veins, and a 20-400 vision in his right eye. The optometrist testified that when he had examined him two weeks before, the claimant had had perfect vision in both eyes. The optometrist testified that, in his opinion, the loss of vision in the claimant's right eye had been caused by the splashing of acid into it.

An ophthalmologist to whom the optometrist sent the claimant testified for the employer. He stated that the loss of vision was due to optic neuritis. He said that the optic neuritis could not have been caused by the acid. He stated that, if the acid had caused the optic neuritis, there would also have been severe permanent damage to the anterior segment of the eye, and no such damage to the claimant's eye was found.

An optometrist's training is in the field of measuring the powers of vision and the fitting of lenses for the correction thereof, and does not qualify him as a medical expert in the field of diseases of the eye. Therefore, the testimony of the optometrist who was a

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witness for the claimant was of no more probative value in determining the causal connection between the accident and the claimant's loss of vision than that of the claimant himself, the court said.

American Enka Corporation v. Sutton, 391 S.W.2d 643 (Tenn., June 2, 1965).

Physician Not Required to Inform Patient of Specific Risks of Procedure—A patient whose esophagus was punctured during a gastroscopic procedure was not entitled to recover damages in a suit against a gastroenterologist, a Florida appellate court ruled.

The procedure was performed for the purpose of determining whether the patient's stomach condition was due to cancer. Before the procedure was performed, she was informed that it entailed some risk, and she signed a consent. There was medical testimony that there were 16 possible risks involved in the procedure used, and that the incidence of puncture of the esophagus was one in 500.

The patient contended that the physician had not obtained the necessary informed consent to the procedure because he did not tell her of the specific risks inherent in it. The applicable test is whether, according to expert testimony, a reasonable medical practitioner in the community would, under the circumstances, have disclosed the specific risks. The patient presented no evidence that it was the accepted practice among gastroenterologists in the community to tell a patient that the esophagus might be punctured in the course of the procedure used.

Ditlow v. Kaplan, 181 So.2d 226 (Fla., Dec. 21, 1965; rehearing denied, Jan. 13, 1966).

Whether Patient's Consent Was Informed Question For Jury—In a suit for damages against a physician by a patient who suffered a complete loss of hearing in his left ear and other disabilities following a stapedectomy, a trial court erred in directing a verdict for the physician. The evidence raised a question as to whether the physician made a full disclosure of the risks and outcome probabilities of the operation, a Texas intermediate appellate court ruled.

Before the operation, the hearing in the patient's left ear was impaired, but he was able to improve it by using a hearing aid and could have continued to do so. When the patient consulted the physician about the operation, the physician fully explained its nature. The patient testified that the physician said that, with a patient such as he was, "we" have 90% success and 10% in which the hearing was not improved or was made worse. The physician said that he also told him that in one percent of the cases, hearing was entirely lost. The patient denied that he was told about the one percent. He testified that he understood from the physician's use of "we" that he had performed the operation before, but this was actually his first stapedectomy. He said that he was also led to believe that the physician was experienced in performing the operation by his statement that it would be performed at a certain hospital where he had his equipment and a trained crew. The patient stated that the physician told him that the only risk of disability connected with the operation was that always connected with anesthesia. After the operation, in addition to the complete loss of hearing, the patient suffered from tinnitus, periods of vertigo and loss of balance, loss of taste, and other nervous disorders.

This evidence was sufficient to raise a question for the jury as to whether the patient's consent to the operation was given with full knowledge of its risks and outcome probabilities. If he did not have such knowledge, his consent was of no effect and the physician's performance of the operation constituted an assault and battery, the court said.

Scott v. Wilson, 396 S.W.2d 532 (Tex., Nov. 3, 1965; rehearing denied, Dec. 1, 1965).

Hospital Record Admissible in Evidence Even Though it Contains Hearsay — In a suit to recover workmen's compensation benefits, the claimant's hospital record was properly admitted in evidence, although it contained hearsay statements by her attending physicians who were not employed or paid by the hospital and who were not present at the trial as witnesses, a Texas intermediate appellate court ruled.

The physicians' statements in the record were made by them in the regular course of business. Although they were not employees of the hospital, they were on its staff and, as staff members, were required to follow its rules relating to making records as to their patient's condition and treatment. In making their records, they were representatives of the hospital within the meaning of the business records statute. Their records were made near the time of the claimant's injuries or reasonably soon thereafter. Since the conditions of the business records statute were met, the record was properly admitted on the basis of its identification by the custodian of the hospital's records, the court said.

St. Paul Fire & Marine Insurance Company v. Haynie, 389 S.W.2d 488 (Tex., April 8, 1965).

Physicians Win "Sponge" Case—A jury returned a verdict in favor of a husband and wife team of physicians in a case arising out of childbirth. The patient claimed that a sponge was found in her uterus two and a half months after the delivery. The physicians denied that a sponge was used in the delivery and said that the material removed was apparently a vaginal tampon. A directed verdict was granted in favor of the hospital where the delivery took place.

McCormick v. Menzie, Cir. Ct., Cook County, Docket No. 59C-7437 (Ill., Nov. 18, 1965). ◄

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Programs Developed as a Result of Medicare

(One of a series prepared by Blue Cross-Blue Shield)

Indiana Blue Shield and Blue Cross have developed three benefit programs as a result of Medicare. Benefit program I and II offer two levels of coverage for people who are enrolled in both parts A and B of Medicare. Special Benefit III has been designed for those people who do not want Part B of Medicare.

Benefit I

Benefit I fills in the gaps that are not paid for by Medicare. For example, Medicare pays for a semi-private room and necessary hospital services for up to 90 days per spell of illness except for the first $40 and for $10 per day from the 61st through the 90th day. Blue Cross pays the first $40 and the $10 per day from the 61st through the 90th day. It also extends hospital care for an additional 30 days per spell of illness.

Medicare pays 80% of the cost for outpatient hospital diagnostic services, except for the first $20, during a 20-day period. Blue Cross pays the first $20 and the remaining 20% of the cost during a 20-day period.

Medicare makes no payment for outpatient emergency accident services and minor surgery. Blue Cross pays the cost of hospital services for emergency accidents within 72 hours, and for minor surgery.

After January 1, 1967, Medicare will pay for 100 days of care in a qualified nursing home facility per spell of illness, after three days of hospitalization, except for $5 per day from the 21st through the 100th day. Blue Cross pays the $5 per day from the 21st through the 100th day.

Medicare pays for 100 post-hospital home health care visits during a 365-day period following discharge from a hospital. Blue Cross makes no payment for these services.

Payments under the Medicare program will be made only in the 50 states, Puerto Rico, Guam, the Virgin Islands and Samoa. The Blue Cross Medicare Supplement extends benefits to world-wide coverage.

In a calendar year, Medicare pays 80% of reasonable charges for physicians' services, except for the first $50, in or out of a hospital. Services include surgery, in-hospital medical visits, bedside consultations, anesthesia, and diagnostic x-ray and pathology.

On a world-wide basis, Blue Shield pays the first $20 per year for any combination of the following physicians' services, and then up to the maximum payment listed: surgery — $200; in-hospital medical visits — $200; hospital bedside consultation — $20; anesthesia — $40; and $100 for diagnostic services in or out of the hospital.

Blue Shield makes no payment for home health visits and other medical and health services.

The membership fee for Benefit I is $4.76 per month.

Benefit II

Benefit II is a major medical program furnishing almost complete protection against a long, extended illness.

It includes all of Benefit I, and when Benefit I stops, it takes over and pays 80% of additional charges for covered services after a deductible of $100 per calendar year has been satisfied by the member. It pays up to a lifetime maximum of $10,000 for the following services:

Semi-private room and all ancillary services in a hospital.

All physician's services not covered in full by Medicare.

Private duty nursing services of a registered nurse in a hospital and visiting nurse services in the home.

Prescription drugs up to 180 days after discharge from a hospital.

Ambulance service when certified as medically necessary.

Rental equipment, such as prosthetic appliances, wheel chairs, crutches, etc., necessary for the alleviation or correction of conditions arising out of accident, injury or illness.

The membership fee for Benefit II is $6.52 per month — only $1.76 per month

more than Benefit I.

Benefit III

Benefit III includes the program developed by Blue Shield for anyone not enrolled for Part B of Medicare (medical insurance).

The Blue Cross part of this program is the same as that in Benefit I. The Blue Shield part of this program includes the preferred schedule for surgical services, and for radiation therapy. It pays for anesthesia on a schedule of $15 for surgical allowances up to $75, and 20% of surgical allowances over $75.00.

The in-hospital medical part of this program pays up to $15 for the first day, up to $10 for the second day, up to $4 for each of the next eight days, and $3 for each day for not more than a total of 120 days for each hospital admission.

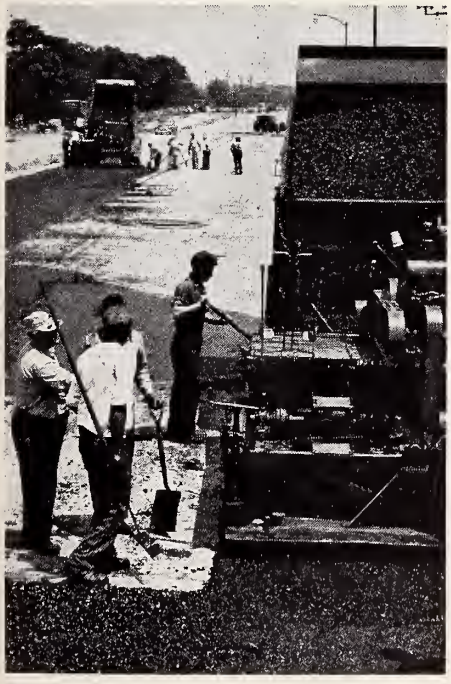
The diagnostic services part of this program provides allowances for x-ray and pathological services up to a $200 total for the two services during one calendar year, provided that each time a service is used, the member pays $5.00 or 10% (whichever is greater).

The membership fee for Benefit III is $6.12 per month. ◄

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Write for clinical trial package and absorption spectrum

References: (1) Schoch, A. G.: Current News in Dermatology, August, 1963; (2) Jillson, O. F., and Baughman, R. D.: Arch. Dermat. 88:409, 1963; (3) Cole, H. N., et al.: J.A.M.A. 130: 1, 1946; (4) MacEachern, W. N., and Jillson, O. F.: Arch. Dermat. 89: 147, 1964.

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MONTHLY REPORT—March, 1966

Disease	Mar. 1966	Feb. 1966	Jan. 1966	Mar. 1965	Mar. 1964
Animal Bites	884	326	288	608	427
Chickenpox	871	1029	651	681	835
Conjunctivitis	469	154	93	155	151
Diphtheria	0	0	0	1	0
Dysentery, Unspecified	52	196	100	155	61
Gonorrhea	492	346	377	299	279
Impetigo	150	101	70	130	134
Infectious Hepatitis	56	49	39	57	53
Infectious Mononucleosis	88	97	62	94	41
Influenza	3885	1243	1174	5945	818
Measles (Rubeola-Rubella)	1591	1000	469	755	4541
Meningitis, Meningococcal	18	7	4	10	8
Meningitis, Other	3	4	6	11	5
Mumps	671	436	388	413	1047
Pertussis	19	7	0	7	26
Pneumonia	669	310	289	756	157
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	2571	2287	768	817	766
Syphilis					
Primary and Secondary	4	8	6	2	3
All Other Syphilis	105	76	86	94	101
Tinea Capitis	55	11	29	20	20
Tuberculosis (Active)	128	62	93	134	114



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5 mg. 10 mg. 15 mg.

DESBUTAL 10 Gradumet

10 mg. Methamphetamine Hydrochloride,
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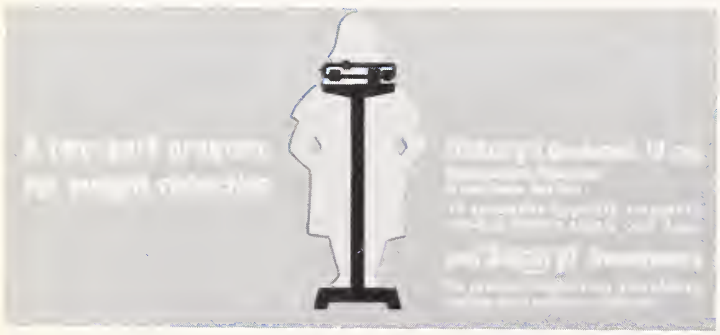
Front Side

DESBUTAL 15 Gradumet

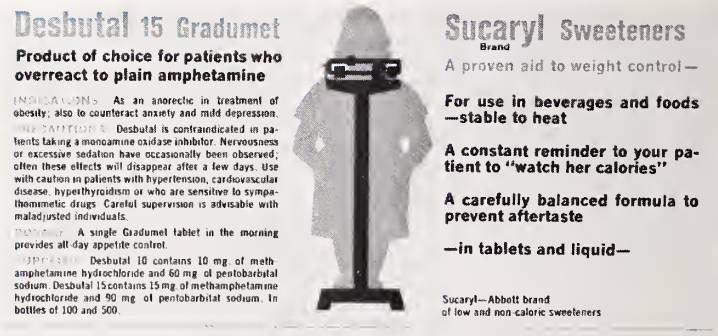
15 mg. Methamphetamine Hydrochloride,
90 mg. Pentobarbital Sodium

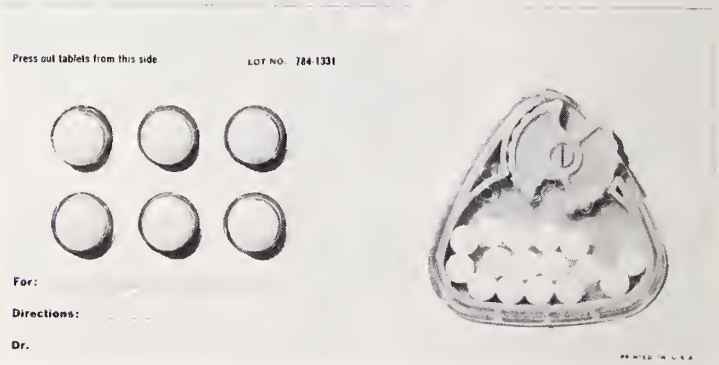
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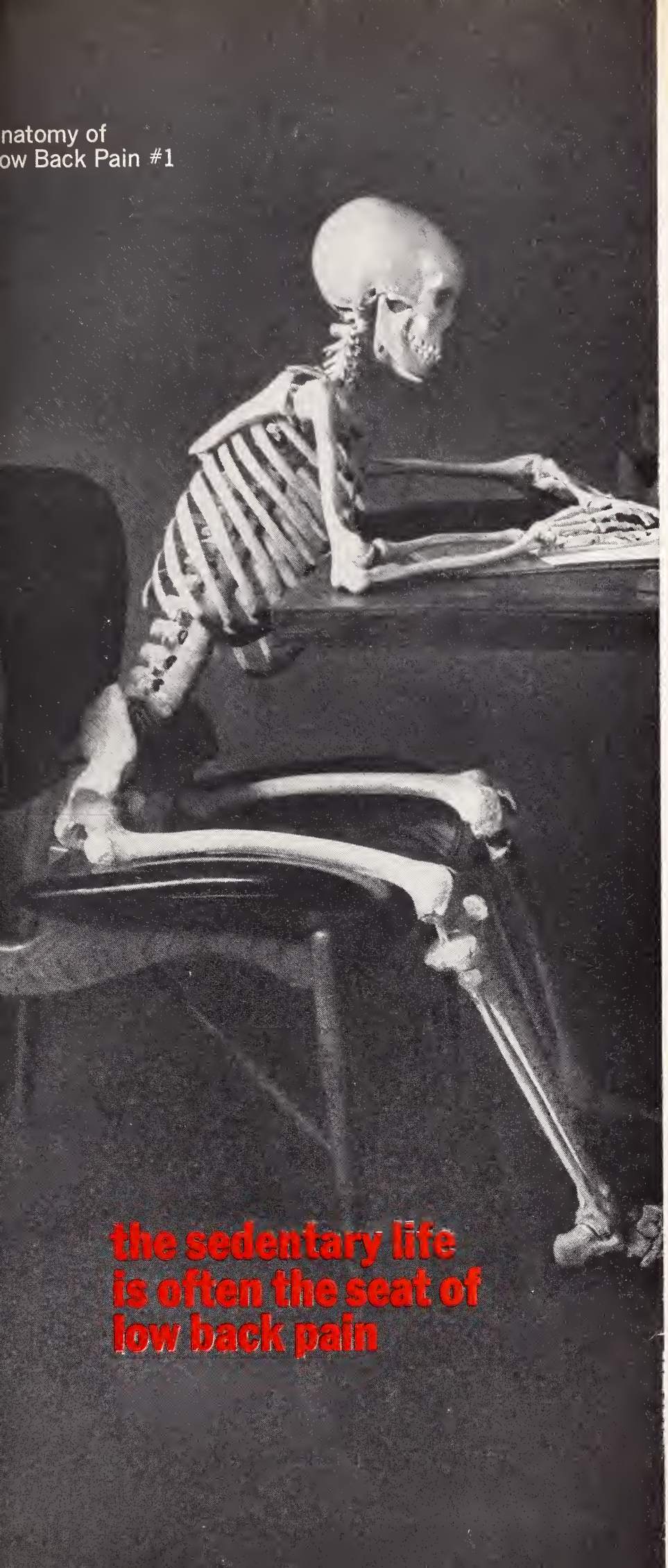
CONTRAINDICATION: Desoxyn and Desbutal are contraindicated in patients taking a monoamine oxidase inhibitor.

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Side Effects: The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms.

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ABSTRACTS

BOOK REVIEWS

RADIOLOGIC DIAGNOSIS IN INFANTS AND CHILDREN

Armand E. Brodeur, M.D., C. V. Mosby Co., St. Louis, Mo., 1965.

Radiologic Diagnosis in Infants and Children fulfills its purpose as stated in the preface as a primer for medical students, house officers, pediatricians and general radiologists. The author is practical and has a broad range of illustration of common problems of those beginning pediatric radiology. This is not an encyclopedia and was not intended as such. Any teacher might be proud of a resident radiologist who mastered the technics and knowledge of this text.

Some lack of clarity in the vascular illustrations requires prior knowledge before easy interpretation. But for the most part, the illustrations are excellent. In subsequent editions one might hope for a discussion of the anatomical pathological origins of the radiographic changes as an aid to understanding and remembering them. As an example, the evolution of primary tuberculosis is dependent on bacterial localization and sensitivity and in our opinion the multiple patterns are more easily understood from this background. There are important earlier radiographic signs of acute osteomyelitis other than bone and periosteal change due to deep infarction of the vessels about the shaft of which we find no mention. Although the Kite projections for clubfoot are mentioned, they are not described and there is no bibliographic reference.

There are many tables of normal and growth in development, new technics and a clear pictorial and verbal illustration of findings to make this a useful text kept at hand for anyone who sees pediatric radiographs.

J. L. MORTON, M.D.
Indianapolis

DEATH AND DYING: ATTITUDES OF PATIENT AND DOCTOR

Group for the Advancement of Psychiatry, 104 East 25th Street, New York, N.Y., 1965, $1.50.

This booklet is the proceedings of a symposium at Asbury Park, N. J., in 1963 by the Group for the Advancement of Psychiatry. The material is presented as: an introduction; discussions of Affective Response to Life-Threatening Cardiovascular Disease; Attitudes of Patients with Advanced Malignancy; Studies on Attitudes Toward Death; Function of Attitudes Toward Death, and a final discussion of the presented material.

The introduction by Dr. Alan Goldfarb presents much useful statistical information pertaining to such aspects of death as sex, race, social status and the incidence of suicide among various nationalities. The presentations of the four contributors are wordy but offer few new ideas or any penetrating conclusions and do not contribute much to the experienced physician's knowledge of the subject. The Christian attitudes toward death are not mentioned. One contributor speaks of the attitudes toward death of the "peasant people of the Midwest."

This work may be of interest to students of psychiatry.

DAVID A. BICKEL, M.D.
South Bend

COLOUR VISION, PHYSIOLOGY AND EXPERIMENTAL PSYCHOLOGY

Ciba Symposium, edited by A. V. deReuck and Julie Knight, Little, Brown & Co., Boston, Mass., 1965, 382 pages with numerous tables and illustrations, $12.50.

In this admirable symposium, 26 assembled experts give us an adumbration of what macromolecular medicine will soon be offering the serious student in other disciplines relating to the healing arts. The precise steric formulae of the visual pigments are analyzed; their comparative anatomy is presented. The physiological and psychological implications are appraised as clearly as is possible with the still existing lacunae in our knowledge.

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recent studies bearing on the genetic aspects of colour blindness in its many gradations are integrated into the whole.

Colour vision in bees is interesting: human colour vision is made all the clearer by such fascinating side trips. Lines for further research are spelled out clearly. *All* ophthalmologists need this monograph on their shelves; certainly, all hospital libraries should have it for reference.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

MAN AND AFRICA

Ciba Foundation Symposium, edited by Gordon Wolstenholme and Maeve O'Connor, Little, Brown & Co., Boston, Mass., 1965, 400 pages, maps, charts and tables, $7.50.

In 1963, there was a Ciba Foundation Symposium on "Man and his Future" (reviewed in *JISMA*, April, 1964). This volume is in a similar genre. It is a collection of highly illuminating essays dealing with the problems and potentialities of Africa. Of the 28 discussants, the M.D.'s are conspicuous by their absence. The fact of the matter is that the discussions were on the philosophical level giving the demographic and geographic background of this great continent and its possibilities for entering the main-stream of modern civilization. Medical problems are mentioned only in the most tangential fashion.

To me, the volume made most rewarding reading: I hope that I am a more informed citizen as a result. G. E. Wolstenholme summarizes the proceedings in a most sober fashion. "There are, perhaps, 20 years left in which the world as a whole must find answers to the Problem of *ALL* Problems in man's history" [population explosion]. . . . "By an immense, combined effort, Africa can save itself and give time — a vital breathing space — to the rest of the world. Man everywhere needs Africa."

We doctors have to be, also, I trust, informed citizens of the world. This monograph is easy reading even if not light. It deserves being pondered for the insights it offers. I can think of much worse things to give to high school and college students. . . .

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

HEREDITARY FACTORS IN CANCER

H. T. Lynch et al. (University of Nebraska College of Medicine, Omaha).

Arch. Intern. Med. 117:206, (Feb.), 1966.

Hereditary factors are clear in polyposis coli, retinoblastoma, xeroderma pigmentosum, neurofibromatosis, Gardner's syndrome, and the basal cell nevus syndrome. However, for most malignancies there is no simple genetic interpretation. Two large "cancer families" were studied, which are of interest from the following standpoints: (1) The wide distribution of the anatomical sites of the malignant neoplasms, (2) The intense concentration of malignancies in a sibship in both families. In one sibship, eight of 13 members showed carcinoma while four of these eight disclosed multiple primary malignancies. In the second sibship, nine of 11 members revealed malignancies, with four of the nine showing multiple primary carcinomas (histological verification of all of these malignancies); (3) Malignant neoplasms were found in three generations of one family and in four of the second family; and (4) The frequent combination in the multiple primary carcinoma group included endometrial carcinoma and carcinoma of the colon in the females and carcinoma of the stomach and colon in the males. While the data fit indicates autosomal dominant inheritance, the possibility of "cytoplasmic inheritance" or viral factors is discussed as an alternate explanation of these phenomena.

BIRD BREEDER'S (FANCIER'S) LUNG

R. E. Hargreave et al. (Institute of Diseases of the Chest, London)

Lancet 1:445-449, (Feb. 26), 1966.

Pigeon and budgerigar breeders or fancies may develop a pulmonary disease which resembles farmer's lung and affects the peripheral gas-exchanging tissues. The disease is caused by inhalation of the antigens in the avian excreta. Fever, shivering, malaise and loss of weight are accompanied by cough and dyspnea, crepitant rales, evidence of impaired carbon monoxide transfer and decreased lung compliance. In seven affected pigeon fanciers and five affected budgerigar fanciers, precipitins were present against antigens in the avian excreta and serum proteins. In the pigeon fanciers, the attacks tended to come on five to six hours or more after the exposure; in the budgerigar fanciers the onset tended to be insidious and the patients presented with advanced lung damage. Inhalation tests provoked a febrile response coming on after six to seven hours, together with the other symptoms and signs. Skin tests gave, in all except two cases, dual reactions consisting of an immediate wheal followed, after three to four hours, by an extensive, edematous reaction, regarded as being of the Arthus type. A strong immunological response, consisting of the appearance of precipitins, results from the entry of the organic, avian antigens through the respiratory tract, and the evidence suggests that the clinical manifestations are the result of a precipitin mediated hypersensitivity reaction.

TETANY OF THE NEWBORN ASSOCIATED WITH MATERNAL PARATHYROID ADENOMA

H. Hartenstein and L. I. Gardner (404 Univer-

sity Ave., Syracuse, N.Y.)

New Eng. J. Med. 274:266, (Feb. 3), 1966.

A review of the literature reveals seven families with maternal parathyroid adenoma associated with neonatal tetany. This report adds another case. An infant boy developed generalized tonoclonic convulsions accompanied by eye-blinking on the tenth day of life. There was evidence of hypocalcemia and hyperphosphatemia. Added dietary calcium was given and there were no further seizures after the second day of treatment. The history revealed that the mother had a kidney stone during her pregnancy. An investigation demonstrated clinical evidence for hyperparathyroidism. Surgical exploration of her parathyroid permitted the removal of a parathyroid adenoma. Postoperatively, her serum calcium fell to normal levels and all her symptoms disappeared. It is emphasized that parathyroid function of all mothers whose babies develop neonatal tetany should be investigated since experience now shows that tetany in the newborn may be the only clue to the mothers diagnosis.

HEMODIALYSIS IN THE HOME. THIRTEEN MONTHS' EXPERIENCE

C. L. Hampers and J. P. Merrill (Peter Bent Brigham Hosp., Boston).

Ann. Intern. Med. 64:276-283, (Feb.), 1966.

Four male patients have been treated at home with the twin coil artificial kidney. Three of the patients are married, and the wife has been trained to supervise the procedure. Local physicians are "on call" for any medical problem that may arise during the dialysis. The other patient is attended by a private duty nurse. For more than thirteen months this method has been entirely satisfactory. Blood is collected from the coil at the close of the dialysis and used to prime the machine the next time. The blood is stored in the home refrigerator between dialyses. The cost of home dialysis is still high ($7,800/year), but is cheaper than that carried out in the hospital. The "full" twin coil was used because of the saving of patient time, but with use of the cheaper "chronic" coil, the price could be reduced to about $5,000/year. When supervised by a physician, hemodialysis performed in the home by lay personnel is a safe and practical way to maintain selected patients with end-stage kidney disease. This program was instituted because of the increased demand for this method of treatment, to help alleviate the burden on medical centers, and to lessen the cost of treatment. ◄

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Effective in a wide range of everyday infections —respiratory, urinary tract and others—in the young and aged—the acutely or chronically ill—when the offending organisms are tetracycline-sensitive.

Warning — In renal impairment, usual doses may lead to excessive systemic accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of discomfort.

Precautions and Side Effects — Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. Use of demethylchlortetracycline during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of the teeth (yellow-grey-brownish). This effect occurs mostly during long-term use but has also been observed in short treatment courses. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment. Side reactions include glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and dermatitis. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Anaphylactoid reactions have been reported.

Contraindication—History of hypersensitivity to demethylchlortetracycline.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products.

Capsules: 150 mg of demethylchlortetracycline HCl.

Tablets: film coated, 300 mg, 150 mg, and 75 mg of demethylchlortetracycline HCl.

LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York

Lederle

674-6-3830



Lederle Medical Student Research Fellowship Program Announced

More than 190 medical students will be able to devote their summer vacation to research in the pre-clinical departments as a result of the Lederle Medical Student Research Fellowship program.

Lederle Laboratories, a Division of American Cyanamid Company, has announced that summer research fellowships totaling more than $134,000 will be awarded this year to medical students in 98 medical schools in the United States and Canada.

Each four-year school will receive $1,400 and each two-year college will receive $700. No one student may receive more than $700. Deans of the medical schools or a faculty committee will select the students to receive the fellowships.

Lederle has made available more than $1,250,000 to medical students through the Lederle Medical Student Research Fellowship program since its inauguration in 1953.

Dr. Baptisti Returns

Dr. Arthur Baptisti, Jr., of Indianapolis has just completed a two-month tour of service on the hospital ship HOPE, which is now on a mission to Nicaragua. Dr. Baptisti also served on the ship in 1962 when it was stationed at Peru.

Riley Memorial Association Offers Camping Sessions This Summer

The Riley Memorial Association will conduct three two-week camping sessions this summer between June 26 and August 5 for physically handicapped children ages 8 through 15.

Full details and application forms may be obtained by writing the Association at 129 E. Market St., Indianapolis 46204.

Robins Research Center Expands

A. H. Robins, pharmaceutical manufacturer of Richmond, Virginia, announces that new construction now under way will double the size of their research center.

The Robins research staff has more than doubled since the present facilities were built in 1963. The new addition will be ready in about one year.

Dr. Griffith Promoted

Dr. Richard S. Griffith, Indianapolis, has been promoted to senior clinical pharmacologist at Eli Lilly research facility at the Marion County General Hospital. Dr. Griffith previously was head of clinical microbiology in the research laboratory.

Dr. Anderson New Medical Director

Dr. John T. Anderson, Indianapolis, has been named Medical Director for the Pitman-Moore Division of the Dow Chemical Company. Dr. Anderson has been with Pitman-Moore since 1963, at which time he concluded ten years in active medical practice.

MUST Clinical Laboratory Undergoes Test by U. S. Army Medical Service

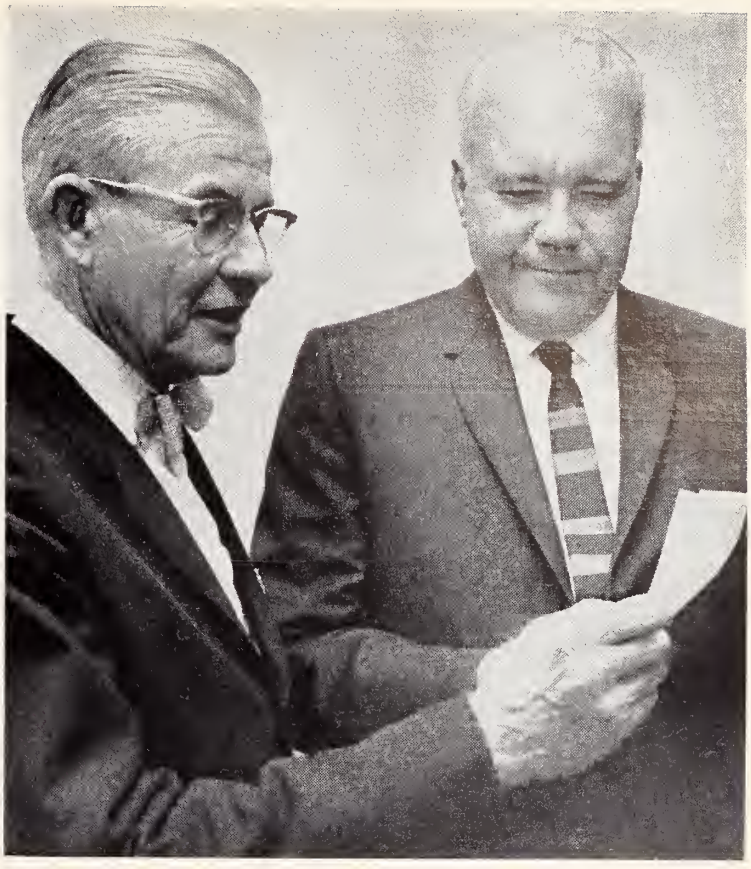
A prototype clinical laboratory, the latest development in a series of MUST (Medical Unit Self-contained, Transportable) components comprising the radically new field Army hospital, is now undergoing evaluation and testing by the U.S. Army Medical Service.

The new laboratory, capable of providing clinical determinations required in support of a 400-bed Army evacuation hospital, is an integral part of the MUST complex of collapsible shelters developed for the U.S. Army Medical Service by The Garrett Corporation's AiResearch Manufacturing Division, Phoenix, Arizona.

The laboratory complete with supplies and equipment is helicopter transportable and can be set up within 30 minutes by six men. Electric and pneumatic power, conditioned air to maintain the shelter at approximately 70°F over an outside temperature range of −65° to 140°F, cold and hot water, as well as steam is provided for the laboratory by a gas turbine powered MUST utility package.

Due to the expandable design of the laboratory shelter, it constitutes its own packing case, which, when collapsed, can be transported in the bed of a standard Army truck. When expanded the shelter provides about 200 square feet of floor space with a seven foot ceiling.

The clinical laboratory, first contracted for by the Medical service in September 1964, was demonstrated last month at the Walter Reed Army Medical Center, Washington, D.C.



DR. Frank B. Ramsey, on behalf of the Indiana State Medical Association, accepts a $4,000 check from H. S. Faircloth, Field Manager, Chicago district of Merck Sharp and Dohme. The money is being used to underwrite the leasing of 60 films for use in ISMA's public relations program.

Physicians and Societies Use Outstanding Film Series

Five county medical societies and a number of individual physicians are utilizing the Indiana State Medical Association's 57 film series entitled "Doctors At Work," which dramatizes physicians practicing medicine.

The films are a part of ISMA's public relations program as the result of activities of the Commission on Public Information and have been made available to the Indiana State Medical Association for a one year period ending December 31, 1966. The films were leased by Merck Sharp & Dohme for use by ISMA.

The series is designed for showing to pre-med students, student nurses, voluntary health associations, laboratory and x-ray technicians, medical assistants, high school and college students as well as employee, professional, philanthropic and church groups.

In a number of instances, individual physicians, responsible for Explorer Scout Troops interested in the practice of medicine, have been using them in conjunction with their scout training programs. The films dramatize authentic cases, feature actual physicians discussing cases, and in many instances, show actual surgery being done. All films, in 16mm, black and white, are available through the headquarters office.

There is only one film per subject which, of course, necessitates a close coordination of delivery and return. Any physician or society who would like to receive a catalogue of the films or would like to have more information on their usage, should contact the headquarters office.

Three Physicians Named

Three Indiana physicians have been reappointed to membership on AMA committees and councils.

Donald E. Wood, M.D., Indianapolis, has been reappointed a member of the Council on Legislative Activities; Norman R. Booher, M.D., Indianapolis, has been reappointed a member of the Council on Voluntary Health Agencies and C. G. Culbertson, M.D., Indianapolis, has been reappointed a member of the Committee on Blood.

SAMA Hosts Meeting of Eight Professional Student Organizations

The Student American Medical Association was host in February to a meeting in Chicago of eight national professional student organizations representing more than 750,000 students.

Besides the medical students the Conference represented the American Dental Association (Student Section); the American Institute of Architects; the American Law Student Association; the American Pharmaceutical Association (Student Section); the American Podiatry Students Association; the National Student Nurses' Association and the Student National Educational Association. Mutual association problems were discussed. Another session is scheduled for this fall with the Law Student Association as host. ◄

FUTURE MEETINGS, SEMINARS, COURSES

TICKETS AVAILABLE FOR ADDRESS BY DR. PAUL DUDLEY WHITE, OF BOSTON

Dr. Paul Dudley White, of Boston, Mass., internationally renowned cardiologist, will speak at the annual luncheon meeting of the Marion County Heart Association Wednesday noon, June 15 in the auditorium of the I.S.T.A. Center in Indianapolis.

Tickets are priced at $2.50 and are available by contacting the association at 615 N. Alabama St. (634-3933). Attendance will be limited to the first 500 reservations.

Dr. White will speak on the subject, "Coronary Heart Disease During The Last 100 Years."

La Leche International Convention To be in Indianapolis June 22-24

The La Leche League, which is dedicated to helping mothers by encouraging breastfeeding, will conduct its International Convention in Indianapolis on June 22, 23 and 24. The honored guests at this meeting will be hundreds of nursing babies, for whom cribs, playpens, hi-chairs, diapers and baby sitting services will be provided.

Dr. John Nurnberger of I. U. School of Medicine will be one of the speakers and other internationally recognized authorities will speak. For other details and a copy of the program write Mrs. Rosemary Day, 7976 Fishback Rd., Indianapolis 46278.

Eighth Annual AMA-ASHA Session On School Health Set for June 26

The Eighth Annual AMA-ASHA Preconvention Session on School Health will meet at 7:30 P.M. Sunday, June 26, at the Palmer House, Chicago.

A detailed program and other information may be obtained by writing Department of Health Education, AMA, 535 N. Dearborn St., Chicago 60610.

American Physical Therapy Annual Conference July 10-15

The 43rd annual conference of the American Physical Therapy Association is scheduled for July 10-15, at the Biltmore Hotel in Los Angeles, California.

Physicians, nurses, occupational therapists, speech therapists, prosthetists, orthotists and members of other allied health professions are invited to attend the program sessions and the exhibits. Non-member registration fee is $25.00 for the week.

Additional information may be obtained from Helen J. Hislop, Ph.D., Director of Conference Services, American Physical Therapy Association, 1790 Broadway, New York, New York 10019.

American Geriatrics Society 23rd Annual Meeting June 23-24

The American Geriatrics Society will holds its 23rd annual meeting at the Palmer House, Chicago, on June 23 and 24. All physicians are welcome. No registration fee is charged for the scientific sessions.

A copy of the complete program may be obtained by writing Dr. Edward Henderson, 10 Columbus Circle, New York City 10019.

Rocky Mountain Cancer Conference Set for July 15-16 at Denver

Denver, Colorado, is once again the site of the 20th Annual Rocky Mountain Cancer Conference, July 15-16, at the Brown Palace Hotel. The two-day conference will feature some of the nation's most distinguished speakers on the subject of cancer.

Morning symposia for the two-day conference will deal with "Malignancies and Allied Diseases of the Chest" and "Diagnostic Methods and the Frequency of Their Utilization for all forms of Cancer in the General Practice of Medicine and Surgery." The afternoon session of the first day will be devoted to scientific papers by guest speakers with the second afternoon devoted to an "Information Please" session.

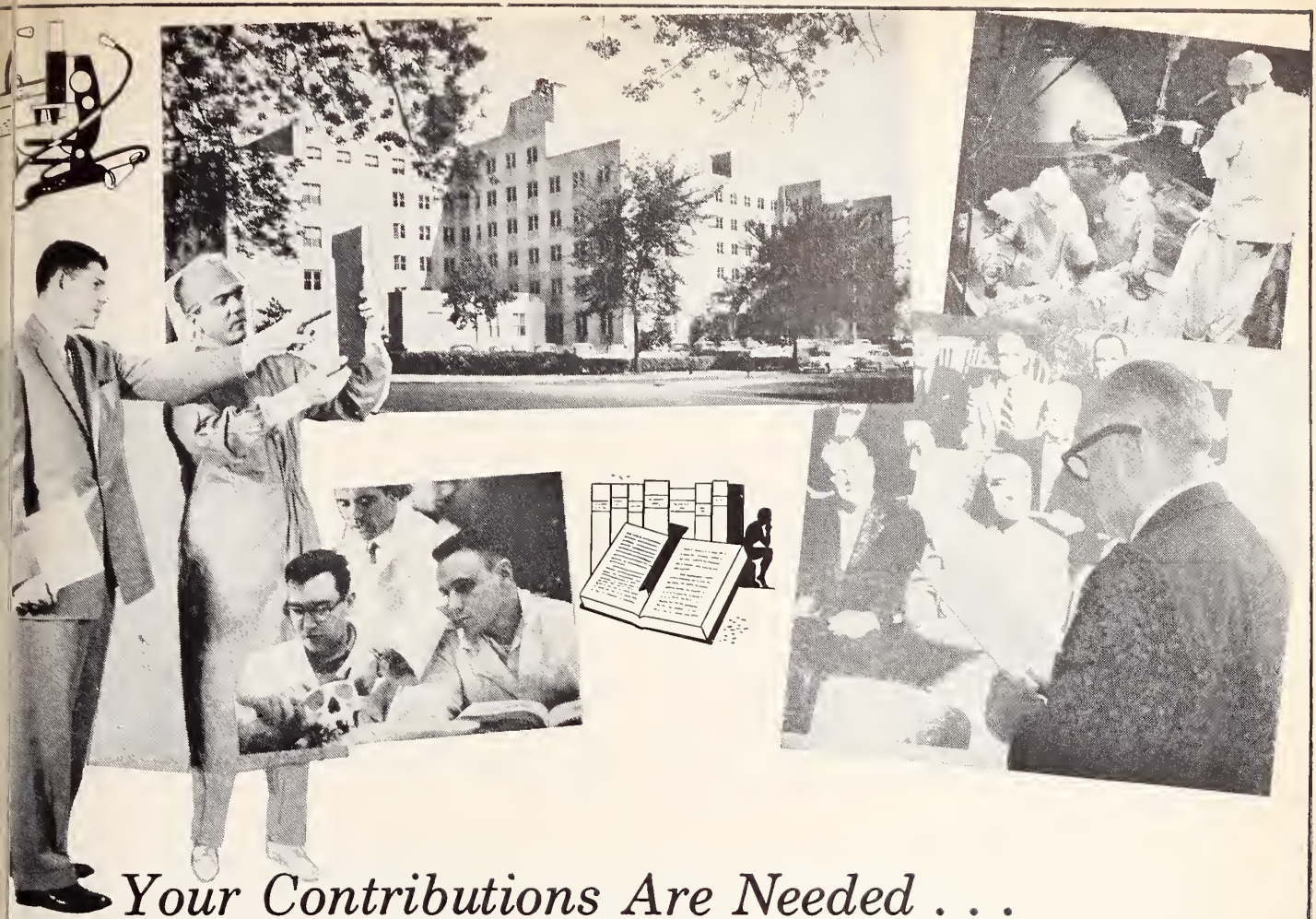
An added attraction this year will be two special scientific exhibits that are closely related to the program; one on "Uranium Cancer of the Lung" with the other exhibit sponsored by the American Cancer Society.

Further information may be obtained by writing Rocky Mountain Cancer Conference, 1809 E. 18th Ave., Denver, Colo. 80218.

Allen County Pediatric Institute Will be June 8-9

The Allen County Pediatric Institute on "The Adolescent of Today" will be held June 8 and 9 at the Indiana-Purdue Regional Campus in Fort Wayne.

The two-day program, featuring speakers nationally prominent in the field, is under the auspices of the Indiana State Board of Health and the Council of Maternal and Child Health of the Indiana League for Nurses. ◄



Your Contributions Are Needed . . .

SUPPORT THESE PROGRAMS OF THE AMA-ERF

- *Funds for Medical Schools* -- Contributions may be designated for one particular school. Undesignated contributions will be distributed equally among all medical schools. No restrictions are placed on the use made of this money by the schools.
- *Loan Guarantee Fund* -- Provides guaranteed loans to medical students, interns and residents. For every dollar in the fund, the private banking industry loans $12.50, at a maximum rate of 6% simple interest.
- *Honors and Scholarship Program* -- Designed to attract students of high promise to careers in medicine—meetings, personal contacts and written materials will be employed. Medical school scholarships will be available to those who need them.
- *Undesignated Contributions* -- Money not designated for any specific AMA-ERF program will be placed in the general fund and the Board of Directors will decide on its use, depending upon need.

AMA-ERF

American Medical Association
Education and Research Foundation
535 North Dearborn Street
Chicago 10, Illinois

County, District News

Cass

The Cass County Medical Society met March 7 for its regular monthly meeting. Dr. E. L. Hedde presented an illustrated travelogue of a recent trip to Europe.

Dearborn-Ohio

Mr. Anthony Meyer, an attorney, discussed "Medicolegal Problems" with the Dearborn-Ohio County Medical Society members present at the March 3 meeting.

DeKalb

Drs. Rupel and Klassen discussed the facilities at Oaklawn Psychiatric Center, Elkhart, at the March 17 meeting of the DeKalb County Medical Society. Members of the society plan to visit the center at a later date.

Elkhart

"Cardiac Surgery" was the topic of Dr. Arthur DeBoer, Head of Cardiac Surgery as Wesley Memorial Hospital, Chicago, when he spoke at the March 3 meeting of the Elkhart County Medical Society.

Hamilton

Field Secretary Howard Grindstaff met March 8 with the Hamilton County Medical Society to discuss utilization committee planning and Medicare and welfare fees.

Henry

Dr. Henry Black, of the Lilly Research Department, spoke at the March 17 meeting of the Henry County Medical Society. His topic was "Antibiotics in the Formation of Resistant Bacteria."

Howard

Two physicians from the Cleveland Clinic spoke at the March 1 meeting of the Howard County Medical Society. Dr. Richard Farmer spoke on "Anemia" and Dr. C. M. Evarts' topic was "Orthopedics."

LaPorte

Mr. James A. Waggener, executive secretary of ISMA, spoke on "Medicare" at the March 15 meeting of the LaPorte County Medical Society. Fifty-five members attended.

Montgomery

The Montgomery County Medical Society met March 17 at Culver Hospital to hear Dr. Merrill Grayson speak on "Corneal Transplants."

Steuben

New officers of the Steuben County Medical Society are: Dr. Claude E. Davis, president; Dr. Robert Barton, vice-president and Dr. Norman Rausch, secretary-treasurer. All of the officers are from Angola.

Sullivan

Dr. J. H. Crowder, Sullivan, has been elected president of the Sullivan County Medical Society. Assisting him will be Drs. Antonio Hernandez, Shelburn, vice-president and J. S. Brown, Carlisle, secretary.

Tippecanoe

Drs. Victor Hackney and Arthur Norins, of the I. U. Medical Center, discussed "Dermatology" at the March 8 meeting of the Tippecanoe County Medical Society. There were 73 members attending.

Warrick

The Warrick County Medical Society has elected the following as officers: Drs. Peter B. Hoover, president; Robert Terry, vice-president; Robert C. Colvin, secretary-treasurer; Wendell Stover, delegate and Noel Martin, alternate.

Wayne-Union

Officers of the Wayne-Union County Medical Society are: Drs. Thomas Shields, president; Francis B. Warrick, president-elect; Joseph J. Zore, secretary; Alois E. Gibson, treasurer; Clarence G. Clarkson and Glen Ward Lee, delegates and Frank Lewis and Dr. Shields, alternates.

Wells

Dr. Charles Caylor, Bluffton, has been elected interim secretary of the Wells County Medical Society. A discussion of arrangements for hosting the 12th District Meeting highlighted the March 21st meeting. ◄

Deaths

John L. Emenhiser, M.D.

Dr. John L. Emenhiser, 70, Fort Wayne general practitioner for more than 25 years, died March 8 at his home.

Dr. Emenhiser had practiced in the Fort Wayne-New Haven areas since 1940. Prior to that he had practiced at Hammond. Dr. Emenhiser was graduated from the I. U. School of Medicine in 1924 and was a member of the Allen County Medical Society.

James L. Lamey, M.D.

Dr. James L. Lamey, Anderson physician and former president of the Indiana Academy of General Practice, died March 22. He was 57.

Graduated from the University of Arkansas Medical School in 1936, Dr. Lamey was both president and secretary-treasurer of the Madison County Medical Society and served as president of the county tuberculosis association. He had practiced in Anderson since 1938; served in the Army Medical Corps from 1939 to 1946 and was president-elect of Community Hospital in Anderson.

Paul E. Wilson, M.D.

Dr. Paul E. Wilson, practicing physician in Boonville the last 53 years, died March 19 at the age of 78.

Dr. Wilson, who began his practice in Warren County in 1913, was graduated from the University of Louisville School of Medicine. He was a member of the Warrick County Medical Society, a Senior Member of ISMA and member of the 50-Year Club. ◄

Association News

EXECUTIVE COMMITTEE

February 19, 1966

Present: Ralph V. Everly, M.D., chairman; G. O. Larson, M.D.; Kenneth O. Neumann, M.D.; Eugene S. Rifner, M.D.; E. T. Edwards, M.D.; Lester Hoyt, M.D.

James A. Waggener, executive secretary.

Guests: Mrs. Carter Dunstone, president, Woman's Auxiliary; Andrew C. Offutt, M.D., State Health Commissioner.

The Executive Committee heard a report from Mrs. Carter Dunstone, president of the Woman's Auxiliary, on the planned activities for the year. She expressed the hope that the auxiliary might have the continued financial assistance from the association. Following this discussion, on motion of Drs. Neumann and Rifner, $1,000.00 is to be given to the auxiliary to help them carry on their program.

Membership Report:

Number of members as of Dec. 31, 1965		4,394
1966 members as of Jan. 31, 1966:		
Full dues paying	2,399	
Residents and interns	65	
Council remitted	41	
Senior	297	
Honorary	3	
Military	21	
Total 1966 members as of Jan. 31, 1966		2,826
Number of members as of Jan. 31, 1965		2,958
Loss over last year		132
Number of AMA members as of Jan. 31, 1966		2,764
Total 1965 AMA members as of Jan. 31, 1965		2,911
Loss over last year		147
1966 AMA members: Dues paying		2,337
Exempt, but active		427
		2,764
Number who have paid state dues but not AMA dues as of January 31, 1966		62

Building Matters

The secretary reported that the option on the property on Pennsylvania Street had been exercised and the deal would be closed sometime during the month of March.

Treasurer's Office

In the absence of the treasurer, the financial statements for the month ending January 31, 1966, were reviewed.

Payment for the Pennsylvania Street property was discussed and on motion of Drs. Neumann and Larson, the treasurer was authorized to borrow the necessary funds for the purchase of these properties.

Annual Convention, French Lick, October 10, 11 and 12, 1966

Report of the Commission on Convention Arrangements was reviewed and by consent it was taken that the Executive Committee would meet at 7:00 p m. Sunday night, October 9, rather than at 7:30 a.m. on Monday, October 10.

Request of the Commission on Convention Arrangements to re-institute the annual golf tournament was approved on motion of Drs. Neumann and Edwards with a $75.00 limit set on prizes for this tournament.

The Council meeting originally scheduled for 9:30 a.m. Monday, October 10, will convene at 8:00 a.m. Monday, October 10.

The request of the Convention Arrangements Commission to re-institute the trap and skeet shoot at French Lick was approved on motion of Drs. Edwards and Larson with a $25.00 limit set on prizes.

By consent it was agreed that the first meeting of the House of Delegates would be held on Monday afternoon, October 10, at 2:00 p.m. The final meeting of the House of Delegates will be a breakfast meeting, starting at 8:30 a.m.

Request of the University of Illinois Alumni Association to hold an alumni luncheon during the convention was approved by consent.

Legislation

Implementation of PL 89-97 was discussed and it was felt that perhaps it would be wise to request the presidents and secretaries of all component societies to meet in Indianapolis on April 17 for the purpose of indoctrination of the provisions of this law and its effect upon the practice of medicine. Dr. Edwards, chairman of the Council, agreed to move the Council meeting to Saturday, April 16, so as to provide a full day for this conference on Sunday, April 17.

An exchange of correspondence between the Allen County Medical Society, the Allen County Department of Welfare and the State Department of Public Welfare was reviewed for the information of the committee.

Organization Matters

Dr. Neumann discussed the recommendation of the House of Delegates concerning the implementation of a Planning Committee and reviewed suggestions for membership of this committee. These suggestions received the concurrence of the members of the Executive Committee.

A letter from Indiana University concerning implementation of the DeBakey report was read. Drs. Edwards and Neumann commented concerning this correspondence. Upon motion of Drs. Neumann and Larson, the university is to be informed that the association is vitally interested in this program and is willing to assist in any way in planning this activity.

Request of the Indiana Committee on Nursing to use the association mailing list to send a questionnaire to physicians regarding a state survey of nursing needs and resources was approved on motion of Drs. Edwards and Rifner.

The request of the Kentucky Chapter of The Arthritis Foundation to use the association mailing list to invite physicians to a symposium in Kentucky on arthritis was approved on motion of Dr. Larson, taken by consent.

A letter from the Regional Mental Health Survey and Planning Committee of the Indiana Mental Health Planning Commission at Lafayette concerning a recommendation from the association for a physician to participate on a steering committee was read and on motion of Drs. Edwards and Larson, Dr. Wallace R. Van Den Bosch of Lafayette is to be recommended for this assignment.

A letter from the Johnson County Medical Society requesting the refund of dues of a member who had been expelled from the society was read, and a refund was approved on motion of Drs. Edwards and Rifner.

An exchange of correspondence between the secretary's office and the dean of the medical school concerning the Dean's Hour was reviewed for the information of the committee.

A letter from Dr. Herman Wing was read for the information of the committee.

A letter from Dr. P. J. V. Corcoran concerning possible changes in the Bylaws affecting the composition of the Council was read and upon motion of Drs. Larson and Edwards, this correspondence is to be referred to the Commission on Constitution and Bylaws for study.

A letter from Dr. Wemple Dodds was read for the information of the committee.

The secretary, in the absence of the attorney, reported on the Wabash County matter.

The proposed increase in AMA membership dues was discussed and by consent the secretary was instructed to distribute the background material on this dues increase to all component societies, listing the name and address of the AMA delegates and alternate delegates and suggesting to the societies that they discuss this matter and make their views known to the AMA delegates prior to the June AMA meeting.

The matter of the association adopting a resolution on the subject of radiology and pathology was discussed and upon motion of Drs. Edwards and Rifner, the following resolution was adopted:

> "We approve the informal action of 37% of the pathologists, taken in a workshop on Medicare held February 19, 1966, whereby they agreed to endorse a mutual working agreement and to define the private practice of medicine through the mechanism of the mutual working agreement, and we urge local county medical societies to support their hospital specialists in securing such relationship with their hospitals. Also we recommend that this information be distributed to all county medical society presidents.
>
> "We recommend that our field men talk with hospital chiefs of staff about utilization committees and that this statement should go out at that time."

Renewal of the subscription to the *Washington Report on the Medical Sciences* was turned down on motion of Drs. Rifner and Edwards.

The secretary reported that the term of Dr. P. T. Lamey, of Anderson, as a member of the State Medical Board would expire in April. Upon motion of Drs. Edwards and Larson, the president is to make recommendations to the Governor on behalf of the association.

A letter from the Michigan State Medical Society announcing that that society would run Dr. George W. Slagle of Battle Creek for the office of trustee of the AMA was read for the information of the committee.

New Business

The secretary reported on the plans for the Washington trip.

The agreement between Blue Shield and the Social Security Department pertaining to Blue Shield acting as carrier of Part B of PL 89-97 was reviewed. On motion of Drs. Neumann and Edwards, the secretary was instructed to write a letter to the Blue Shield Plan congratulating it on being named carrier and stating that the Executive Committee of the Indiana State Medical Association would now be happy to sit down with the Executive Committee of Blue Shield to discuss matters of mutual interest.

Upon motion of Dr. Neumann, taken by consent, the secretary is to advise Senator Bayh that the association would urge him to use his influence to defeat SB 2568.

Dr. Offutt then discussed the problems he is encountering in the certification of hospitals and nursing homes, particularly as they relate to the organization of review committees. Following a lengthy discussion, on motion of Drs. Edwards and Larson, the following action was adopted:

> "I would like to move (1) that informing our society officers concerning utilization review committees is a proper business for the state association to be concerned with, — the education of county society presidents and hospital staff presidents of the importance of keeping the Utilization Committee review under control of the physician; (2) I think it of sufficient urgency that our field men be given this responsibility immediately because of the pressure of time; (3) that the field men be given a prepared speech, so to speak, including such evidence as available: copies of the utilization review plan that Doctor Offutt has mentioned, on which the field men would be further instructed, paragraph by paragraph, of the highlights and importance of each point so they may expand on this so that the person receiving this information will understand what it means, and (4) that, following such discussion, the president of the county society and the president of the hospital staff be made aware of the necessity for prompt action by themselves and other members of their society or

staff in following through with No. 1, No. 2 and No. 3."

Future Meetings

American Academy of Physical Medicine, Chicago, March 26, 1966.

Conference on Bio-Medical Communication, New York, April 4-6, 1966.

On motion of Dr. Neumann, taken by consent, no representative is to be sent to these two meetings.

The annual convention of the Woman's Auxiliary to the Indiana State Medical Association, Fort Wayne, April 19-21, was called to the attention of the committee.

Ohio State Medical Association annual convention, Cleveland, May 24-28, 1966.

The president is to attend this meeting.

Second National Conference on Health Education of the Public, Chicago, April 14-16, 1966.

By consent it was agreed that no representative would be sent to this meeting.

There being no further business, the committee adjourned to meet again on April 16, 1966, at 10:00 a.m. unless prior to that time matters appear which require the attention of the committee and the chairman feels it is necessary to call a meeting during the month of March. ◄

COMMERCIAL ANNOUNCEMENTS

FOR SALE: ABERDEEN-ANGUS BULLS, P.R.I. production quolified for odvonced regisier, predominontly Scotch breeding. Also, frozen semen, from P.R.I. and C.M.S. double registered ond progeny proven sires. Write for information. Address: WYE PLANTATION, Queenstown, Moryland 21658. Telephones: Office, 301-827-2041; Residence, 301-827-8143. VISITORS WELCOME.

FOR SALE OR LEASE: 1,200 sq. ft. modern office building. Will sell equipment, drugs cnd supplies on controct with low down payment. Will see patients the doy before you orrive; you will ossume o filled oppointment schedule. Going, active practice in town of 1,200 with no other doctor in town. Fifteen miles from South Bend utilizing South Bend hospitols. Reply: O. Walter Colvin, M.D., North Liberty, Ind.

LOCUM TENENS WANTED — Services of one or more G.P.'s to do locum tenens for sometime during the period of June 1 through September 30. Write Edword W. Adomoitis, Clinic Associotes Medical Group, 515 Pine St., Michigon City, Indiono giving dates of ovoilability.

AVAILABLE: Equipped physician's office ovoiloble immediately due to death. Community of 2,600; drowing oreo of 8,000. Practice active 20 years. New locotion two yeors ogo. Contact Robert A. Cox, D.D.S., 3 Porkview Court, Combridge City, Ind. Phone 35191 for detoils.

FOR RENT: Physicion's office of 12 yeors stonding. Centrolly oir-conditioned; poneled walls; adequate parking. Spoce for two physicions or physician ond dentist. Located on E. Wobash Ave., Terre Houte, Ind. Reply: Mrs. Charles Klein, R.R. 5, Box 112, Terre Haute, Ind.

PARTNER WANTED: Generol proctice; M.D. in early 30's in central Indiana town of 12,000 (less than 30 miles from Indionopolis) desires to shore a good income, ropidly growing proctice. A progressive town with a well-equipped, 100-bed hospitol ond a good medical otmosphere. Excellent opportunity for ropid partnership in an octive fomily proctice. Write Box 326, The Journal, ISMA, 3935 N. Meridion St., Indionapolis, Ind.

MEDICAL CLINIC BUILDING; PARKING: Near the mile squore on north side of Indianopolis offered to doctors. Plans include surgicol rooms, intensive core rooms, phormocy ond refreshment lounge plus 28 privote rooms. Building plons may be oltered to meet your specific needs. Write for informotion to Fred W. Lohr, 915 N. Penn. St., Indianopolis or call 635-5328. All replies in strict confidence.

EASTERN WISCONSIN CLINIC in ropidly growing community of 40,000 desires boord-eligible or certified physicians in pediatrics, obstetrics ond gynecology ond internol medicine. Well-equipped clinic ond excellent hospitol focilities. Lake shore location offers omple recreationol focilities. Attroctive financial plon leoding to eorly full portnership. Full expenses poid for appliconts invited to interview. Coll or write: F. L. Hildebrond, M.D., Riverside Clinic, Menosho, Wisconsin.

SPECIALISTS in generol surgery, diagnostic rodiology, orthopedic surgery, ophthalmology, otoloryngology, obstetrics ond gynecology ond internol medicine for well-estoblished private group practice composed of opproximotely 60 boord certified speciolists in oll bronches. New, modern building in progressive midwestern city. Complete diognostic, theropy and ouxiliary service to potient facilities. Research focilities ovoilable. Contact Indiano Medical Bureou, 816 Hume Mansur Bldg., Indianopolis. (Licensed Employment Agency.)

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
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Ronald H. Noel, M.A.
Director

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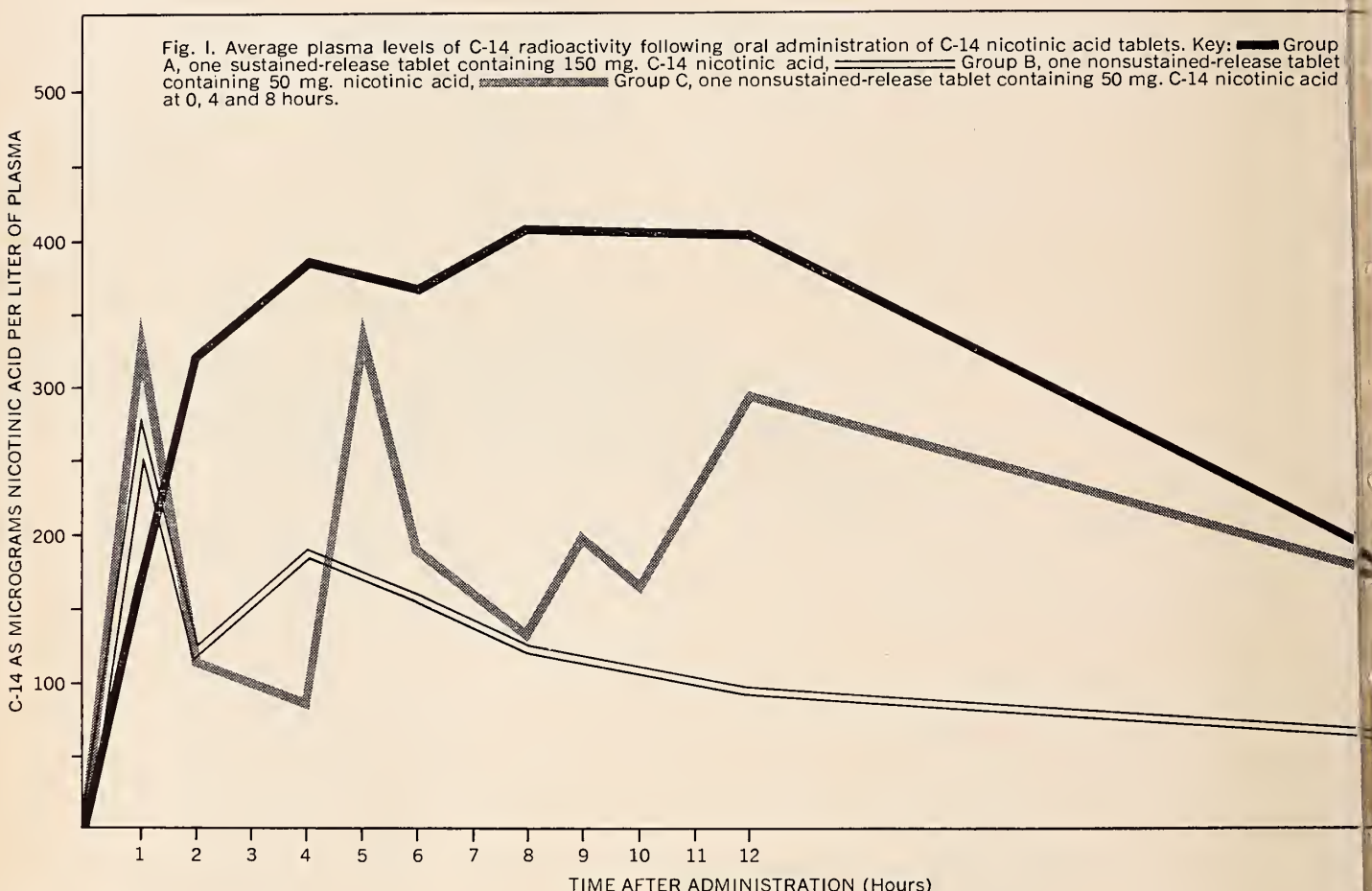
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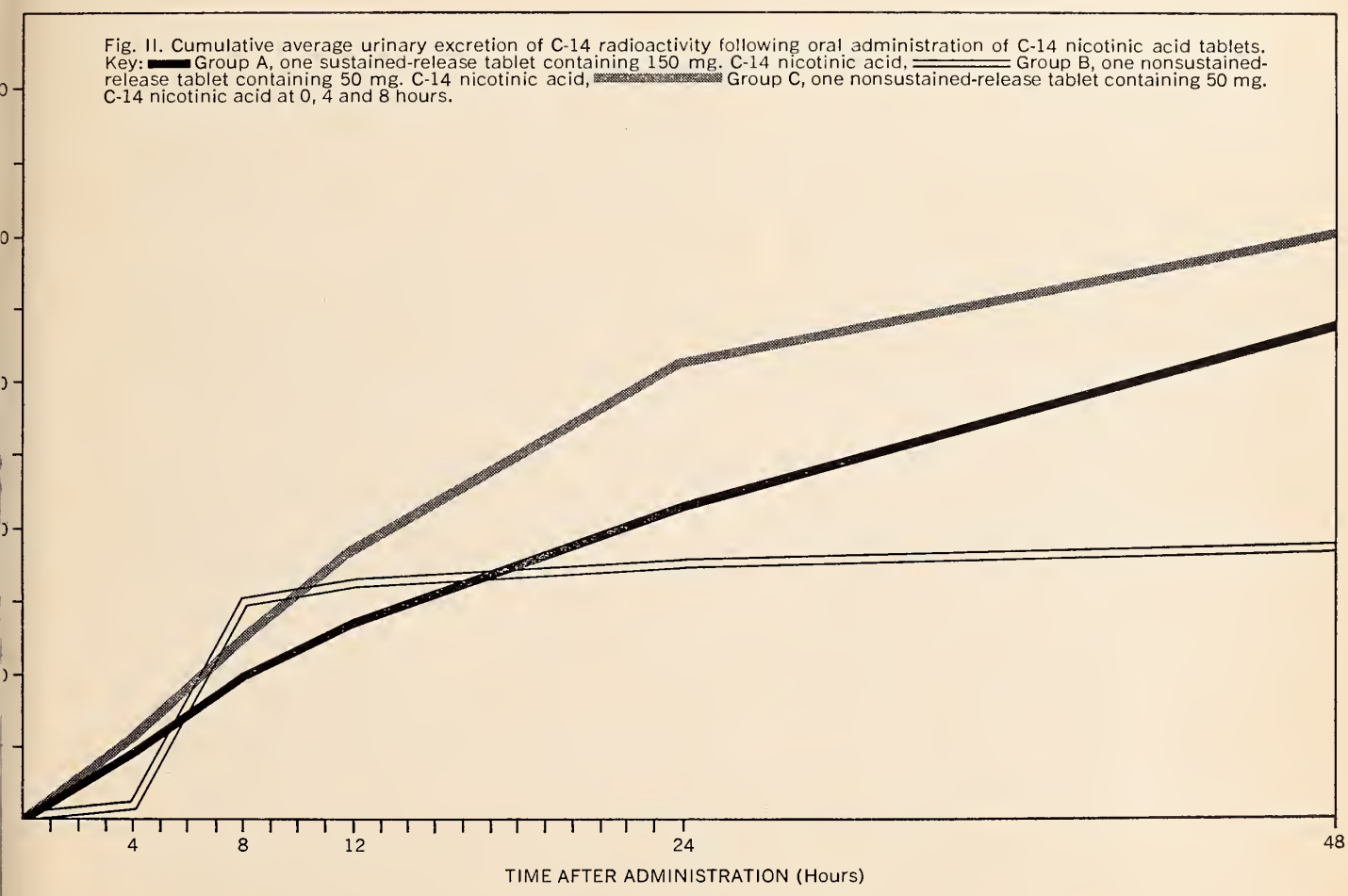


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Duodenal mucosa with ulcer crater—
Approx. 80× Magnification.



Loosening epithelial cells of nasal mucosa during early stage of cold—Approx. 1800× Magnification.

this issue: partners in misery

Partners in misery: common cold and duodenal ulcer*



A century or two ago our forefathers believed that the common cold was caused by an excess of evil humors. Today we regard these baleful humors as a result of the cold rather than its cause. Only in the last ten years have some of the offending viruses been cultivated, and we now know many others can be transmitted to human volunteers although they cannot yet be grown in the laboratory. Various body defenses react to infection by a virus, and in the respiratory tract the lung is protected by the phagocytic properties of the pulmonary alveolar macrophage.[1]

Because of the brief history and large proportion of unidentified viruses, effective prophylactic vaccines have not yet appeared. A universal antiviral agent seems even more remote. Meanwhile, these viruses continue to produce epidemics of upper respiratory infection at seasonal intervals, particularly in spring, fall and winter, during which they propagate and distribute progeny indiscriminately. As a result, they are responsible for significant work loss. Since the immunity afforded is temporary, recurrent infections are common.

This recurrent morbidity in spring and fall is shared by duodenal ulcer, itself a cause of significant loss in wages and medical expense. Thirty years ago Emery and Monroe reported 1,279 recurrences of peptic ulcer of which 13 per cent could be attributed to upper respiratory infection, thus confirming a long-held clinical impression.[2] While the inflammation, congestion and secretion of the mucosa of the nasopharynx in the common cold, and the hyperemia and hypersecretion of the gastric mucosa during acute exacerbation of a duodenal ulcer may not be directly linked, it is probable that the miseries of the infection are reflected in the pain of the ulcer. The following case history illustrates this point.

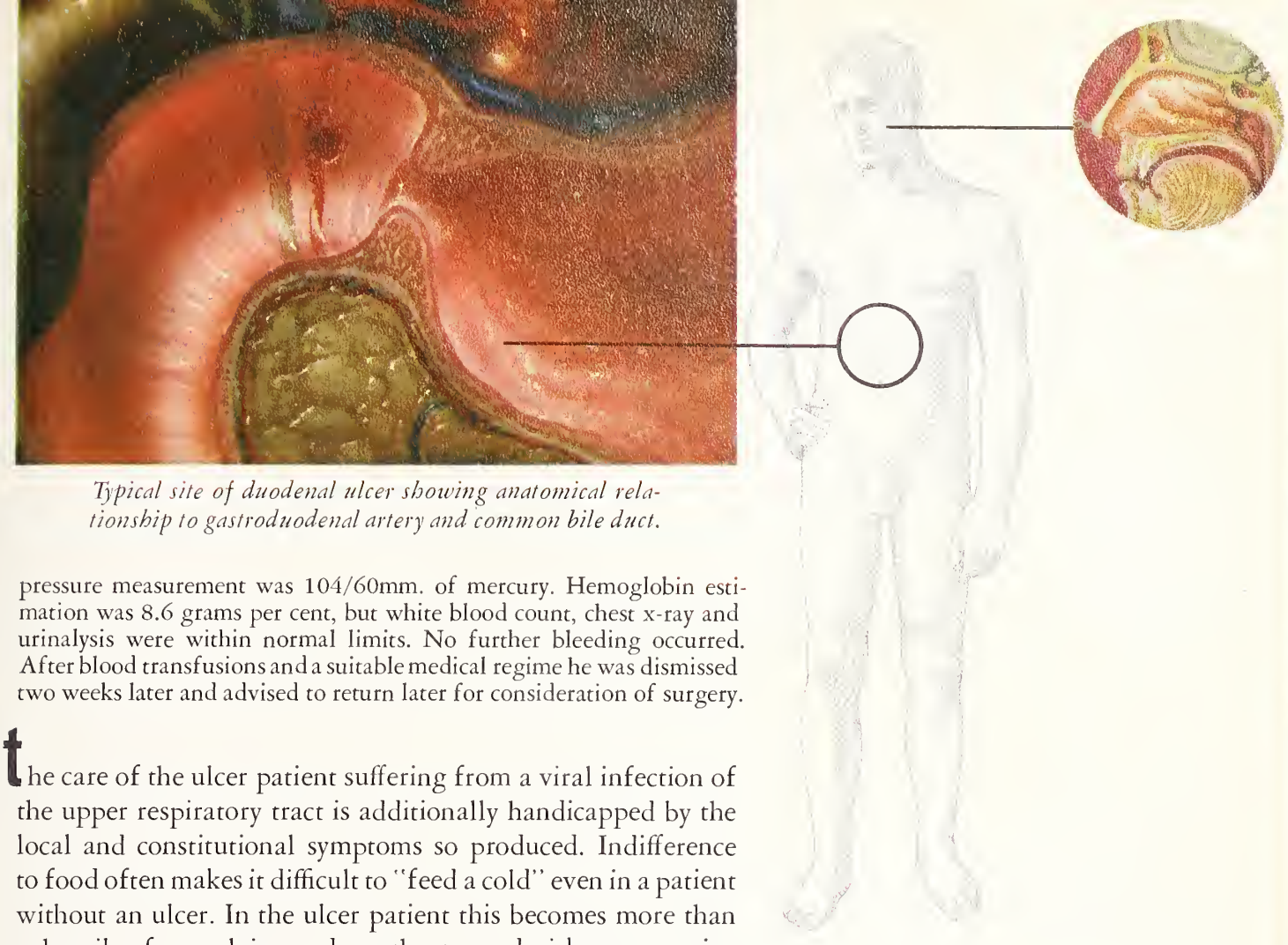
Case report A 48 year old white male executive, suffering from hematemesis and melena for 12 hours was admitted to hospital on April 8, 1965. He gave a history of duodenal ulcer proved by x-ray studies 23 years previously. In the intervening years he suffered from typical epigastric pain occurring two hours postprandially, usually for two or three weeks each spring and fall. A hospital admission two years earlier had followed hematemesis of moderate amount.

The present admission was preceded by a recurrence of pain during a period of unusual business pressure. In addition he caught a cold one week before his entry to hospital and his already irregular eating habits were made more so by loss of taste and appetite, blocked nose and general malaise. During the final 36 hours he used aspirin to relieve his cold, taking 2 or 3 tablets with a glass of water on 6 or 7 occasions. Before retiring he drank a glass of hot toddy.

He awakened about 1 a.m. and vomited dark red blood and recently ingested food mixed with whisky. Melena followed and he was transferred to hospital. On admission he was pale, cold and sweating. Apart from epigastric tenderness and black stool on the examining finger after rectal examination, his general physical examination was not remarkable. Temperature was normal, pulse was thin and thready with a rate of 114 beats per minute, and blood



The commonly found "clover-leaf" roentgenographic abnormality of chronic duodenal ulcer due to spastic contractions and scarring.



Typical site of duodenal ulcer showing anatomical relationship to gastroduodenal artery and common bile duct.

pressure measurement was 104/60mm. of mercury. Hemoglobin estimation was 8.6 grams per cent, but white blood count, chest x-ray and urinalysis were within normal limits. No further bleeding occurred. After blood transfusions and a suitable medical regime he was dismissed two weeks later and advised to return later for consideration of surgery.

The care of the ulcer patient suffering from a viral infection of the upper respiratory tract is additionally handicapped by the local and constitutional symptoms so produced. Indifference to food often makes it difficult to "feed a cold" even in a patient without an ulcer. In the ulcer patient this becomes more than a homily, for malaise and apathy towards irksome routine produce a lack of interest in adhering to an ulcer program and result in its eventual failure if these symptoms are not relieved. The absence of curative treatment for these viral infections has spawned many a strange therapeutic offspring and some of the more generally accepted remedies contain a special risk for the ulcer patient.

To the gastric physiologist, the shot heard around the world was not fired at Concord but was discharged through the stomach of Alexis St. Martin. The worthy voyageur had a more than modest thirst and on several occasions William Beaumont observed through the resulting fistula the changes of gastritis which followed an immoderate ingestion of alcohol.[3] It is now well known that alcohol stimulates the production of gastric juice and the patient with an ulcer, even in remission, should not drink alcohol without first taking food, milk or antacid. The use of various alcoholic remedies for the common cold is to be strongly discouraged in this type of patient. Factors already present can produce an acute exacerbation of ulcer symptoms without the added stimulus of alcohol.

Headache and facial pain, sore throat and generalized aching are subjective discomforts of viral infections of the upper respiratory tract or their complications. Relief from them is usually sought in the family medicine cabinet, and of all the medications habitually stored there, salicylates are the most frequently used. Oral ingestion of salicylates has produced



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substernal pyrosis and sometimes epigastric pain in susceptible individuals. Bleeding from erosions of the gastric mucosa has followed their use and has been severe enough in some instances to cause hematemesis and melena.[4] It has been suggested that interference with the protective mucous layer of the stomach allows this to happen. There is no evidence that hypersecretion occurs, but the taking of aspirin has been followed by exacerbation of ulcer symptoms and occasionally by gastrointestinal bleeding.[5] The ulcer patient with a cold should take salicylates with an antacid, or preferably other means of symptomatic relief should be found.

Caffeine has two actions on gastric secretion. One directly stimulates production of acid and the other potentiates the out-pouring of gastric juice as a response to other stimuli.[6] In high doses to animals, it has produced erosive gastritis and peptic ulceration. Caffeine-containing beverages are discouraged for the ulcer subject and forbidden during an acute exacerbation.[7] Many cold remedies contain caffeine.

To sufferers from allergic rhinitis springtime brings symptoms of nasal obstruction, loss of taste and smell and malaise similar to those caused by viral infection but due instead to allergens which at that time of year are principally tree pollens. Relief from these symptoms can be obtained, though not wisely, by the use of steroid medication. Unfortunately, chronic sufferers from these allergies have used this approach with varying degrees of success. Steroid hormones increase gastric secretion and delay the healing of experimental ulcers.[8,9] Clinically their administration has been associated with reactivation of healed duodenal ulcers, and with bleeding and perforation which were not always preceded by typical ulcer distress. Because of these harmful effects, their use in the ulcer patient is best avoided for other than serious medical problems and then only with adequate antacid coverage.

Summing up It is immaterial by which pathways the malaise and lassitude, depression and irritability activate an ulcer, but it is the physician's responsibility to ensure that the medications he selects to relieve the symptoms of a cold do not further aggravate the ulcer.

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LOOKS AT MEDICINE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Med School Scheme Lacks Merit

It is well that advocates of a state medical school for Evansville are not allowing a contrary proposal for a so-called "medical school without walls" to deter them.

The new proposal was made last week to a legislative committee by Indiana University President Elvis Stahr, I.U. Medical Center Provost Kenneth Penrod and the medical center dean, Dr. Glenn W. Irwin, Jr.

Instead of building a new medical school, they would expand the activities of the present school in Indianapolis by spreading out some of the student load among other colleges and universities. For example, a student might take his freshman courses on the I.U. Bloomington campus. And part or all of his senior year might be taken under the tutelage of physicians in a hospital in Fort Wayne, or some other city.

This would be a radical departure from accepted methods of giving medical training. It might work, but it would be risky. There would appear to be a great danger of diluting the quality of medical training.

Another fault we find with it is that the sponsors appear to overlook the already crowded conditions on campuses where they would send the freshman students. This is a situation that threatens to get worse in the years ahead.

Indiana already needs a second medical school. The need will become more pressing as our population increases. And the need is greatest in this section of the state, where there is no medical school of any kind within a radius of 140 miles.

The "school without walls" idea appears to be a stop-gap scheme at best. We hope the Legislature, which already has refused to go along with one proposal for expanding the I.U. medical school in Indianapolis, also recognizes the lack of merit in this one.—*The Evansville Press*, April 18, 1966.

For More Doctors

An Indiana University School of Medicine faculty committee has done a praiseworthy job of studying the state's needs for future medical education and drafting a plan to meet them.

The committee put its finger on a bottleneck in the preparation of new doctors in the state, and it is not in the capacity of medical schools. It is in the availability of internships and residencies for the required advanced work after graduation from medical school. The I.U. Medical School is the largest in the nation in total enrollment. It has 4.5% of all students in state-supported medical schools throughout the nation, although Indiana has only 2.5% of the nation's population.

When the students are graduated, however, there are not enough internship openings in the hospitals of the state to take them for the necessary next step in their formal education. Hence some must go to other states for internship and residency. National studies show that physicians tend to begin practice in the communities in which they complete their residency.

A part of the plan proposed by the Indiana committee is to develop more internships and residencies, through closer and more productive ties between the Medical School and hospitals over the state.

The plan also would increase the annual number of graduates of the Medical School by about 25%. It would be done through a

Continued



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Continued

new system of collaboration with other universities and colleges, unlike any now in operation anywhere. The first year of medical study could be taken at any Indiana institution capable of providing the required courses. Half or all the fourth year could be taken at hospitals in other parts of the state, under supervision of the Medical School faculty. Thus the required resident study on the Indianapolis campus would be reduced to two or two and a half years, in contrast with the full four years now required.

Yet another feature would be provision in various cities of the state for continuing education of doctors after they begin their practice.

A vital link in the whole plan would be an extensive network of communication, by telephone, radio and television, between the Medical School campus and co-operating hospitals and educational institutions throughout the state.

It's an imaginative plan. Legislative approval and support will be required to put it into effect, and it was made public through presentation to the Legislative Advisory Commission subcommittee to study medical education. We hope the subcommittee and the commission will give the proposal thorough and thoughtful consideration.

Need for more practicing physicians is apparent to anyone who visits the office of one during working hours. It seems inevitable that the need will be increased by the impact of Medicare, by continued population growth and by continually rising standards of medical care. This may be a sound and relatively inexpensive way to do something about it.—*The Indianapolis Star,* April 14, 1966.

Profit—A Necessary Good

One of the greatest economic dangers this country faces today is lack of understanding of the function of profits in the production and distribution of goods and services.

James L. Goddard, the new commissioner of the Food and Drug Administration, provided a pertinent example in a recent speech to the annual meeting of the Pharmaceutical Manufacturers Association. He made some harsh accusations about sales, advertising and testing practices in making drugs. His general theme seemed to be that some drug companies are only interested in making money and are forgetting "the prime mission of their industry—to help people get well."

Drug company executives, he said, must put patients before profits.

If what Goddard meant was that there are drug makers who are only interested in putting out products they can sell profitably, not caring whether the products do good or harm, then that is indeed reprehensible. It should be condemned.

But there seems also to be a broad implication that profits can somehow be separated from the productive mission of industry, that profits can and should be subordinated to the welfare of the customers. The two can't be separated. They go together. They can't be assigned to different levels on a scale of values. Each depends on the other.

It is basic to the free enterprise system that the production of goods or services must yield profit. If a choice must be made between profits and the "mission" of an industry, then that industry is headed for oblivion. An industry which tries to carry out a mission without making profits will go bankrupt and cease to exist.

A drug maker can't put patients before profits. He'll go broke. Neither can he put

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profits before patients. Sooner or later he'll go broke that way, too.

The same kind of implication cropped up in criticisms of the Office of Economic Opportunity decision to take operation of the Atterbury Job Corps Center away from the Midwest Education Foundation, a not-for-profit organization, and give it to the Westinghouse Corporation. The charge was made that this will result in the corporation making profit on the poor.

There's no better way to improve the lot of the poor. The more ways there are for enterprises to make profits by serving the poor, the better the poor will be served. Take away all opportunities to "make profit on the poor," and very few things will get done for the poor.

In Senate Commerce Committee hearings on traffic safety there have been many accusations that manufacturers are more concerned about profits than about making safer cars. If that's true, it's because they must be. The concern for earning profits leads manufacturers to produce the kinds of cars people will buy. If people show eagerness to buy safer cars, the emphasis of change will be in that direction. If safer design is not what people want, manufacturers who try to push it will lose out. And they know it.

Profit is the force which keeps production pointed toward the things people need and want and can use. It is the force which keeps volume of production up to the capacity of the people to buy and consume. It keeps innovators searching for and trying out new ideas.

In short, the free enterprise system runs because enterprisers look for things to do which will earn profits. If anyone ever succeeds in persuading producers in general to forget about profits, the system will begin to break down.—*The Indianapolis Star*, April 12, 1966. ◄

From *The Journal* 50 Years Ago

. . . It has required nine years for me to arrive at a conclusion concerning the value of the blood-clot dressing, which should have been immediate if tradition rather than reason coupled with knowledge had not guided my way. And I can assure you it was necessity which brought me the courage to try the blot-clot dressing in a modified form in the first instance.

I had operated on a child 2½ years old for acute mastoid abscess following scarlatina and the father would not leave the child, who was very nervous. I concluded on the second day that I would withdraw the small roller gauze drain, close the wound with a sterile pad and send the child home. Further dressing or manipulation seemed out of the question and I made a virtue of necessity and left the wound dressed In ten days the wound was quite solidly healed. I began to think it feasible to close the mastoid wound with a blood clot for a framework.

* * * *

Since that I have closed all wounds over the blood clot in simple acute mastoid abscess, with the astonishing result of an average hospital attendance of seven days.— K. K. Wheelock, M.D., "The Blood-Clot Dressing in Simple Mastoid Abscess," *JISMA*, June, 1916.

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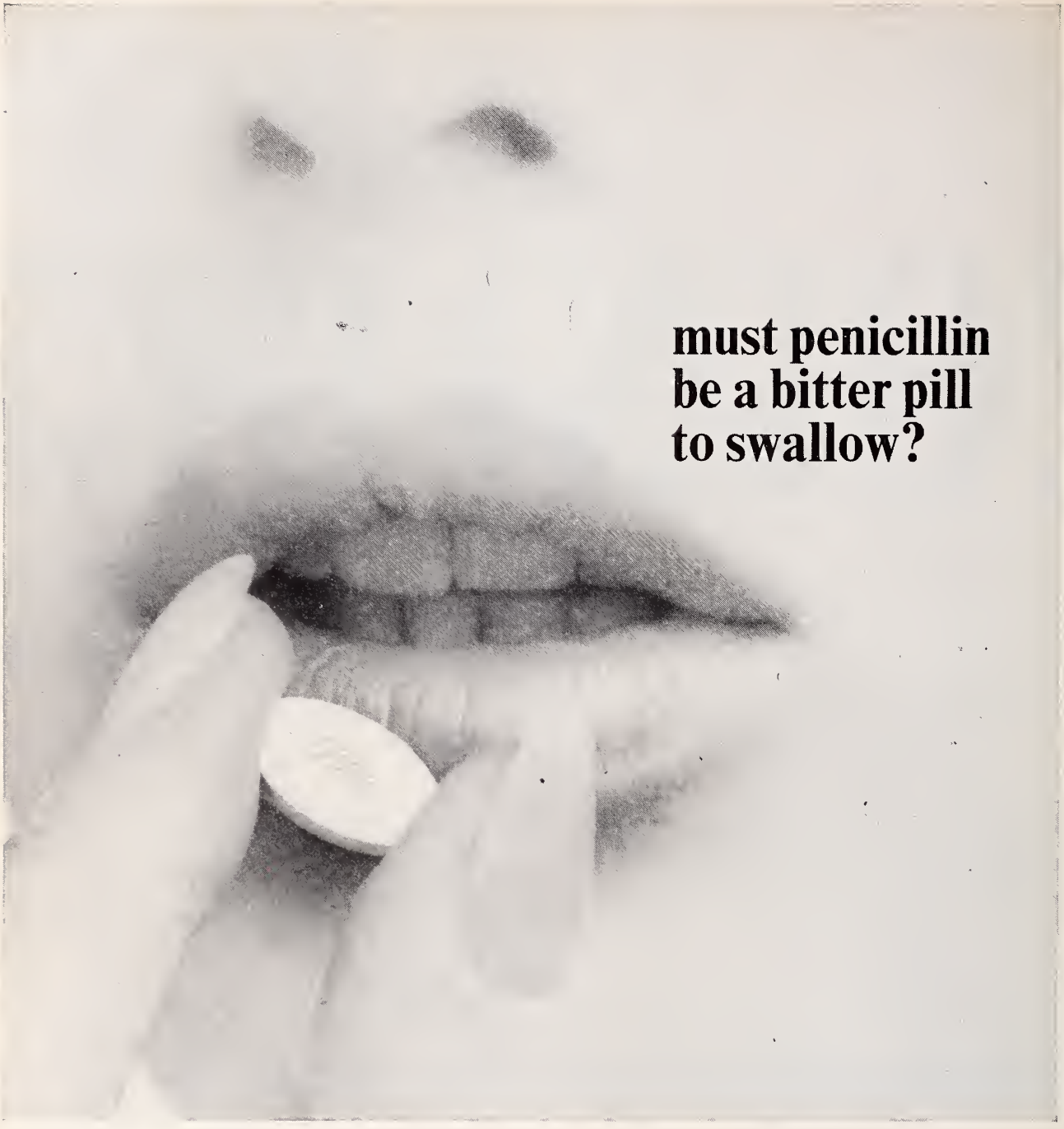
(tetracycline 250 mg. triacetyloleandomycin 125 mg.)

Indications: Indicated in the therapy of acute severe infections caused by susceptible organisms and primarily by bacteria more sensitive to the combination than to either component alone. In any infection in which the patient can be expected to respond to a single antibiotic, the combination is not recommended. Signemycin should not be used where a bacteriologically more effective or less toxic agent is available. *Triacetyloleandomycin, a constituent of Signemycin, has been associated with deleterious changes in liver function.* See precautions and adverse reactions.

Contraindications: Contraindicated in individuals who have shown hypersensitivity to any of its components. Not recommended for prophylaxis or in the management of infectious processes which may require more than 10 days of continuous therapy. If clinical judgement dictates therapy for longer periods, serial monitoring of liver function is recommended. Not recommended for subjects who have shown abnormal liver function tests, or hepatotoxic reactions to triacetyloleandomycin.

Precautions and Adverse Reactions: Triacetyloleandomycin, administered to adults in daily oral doses of 1.0 gm. for 10 or more days, may produce hepatic dysfunction and jaundice. Adults requiring 3 gm. of Signemycin initially should have liver function followed carefully and the dosage should be reduced as promptly as possible to the usual recommended range of 1.0 to 2.0 gm. per day. Present clinical experience indicates that the observed changes in liver function are reversible after discontinuation of the drug. Use with caution in lower than usual doses in cases with renal impairment to avoid accumulation of tetracycline and possible liver toxicity. If therapy is prolonged under such circumstances, tetracycline serum levels may be advisable. In long term therapy or with intensive treatment or in known or suspected renal dysfunction, periodic laboratory evaluation of the hematopoietic, renal and hepatic systems should be done. Formation of an apparently harmless calcium complex with tetracycline in any bone forming tissue may occur. Use of tetracycline during tooth development (3rd trimester of pregnancy, infancy and early childhood) may cause discoloration of the teeth. Reversible increased intracranial pressure due to an unknown mechanism has been observed occasionally in infants receiving tetracycline. Glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis and definite allergic reactions occur rarely. Severe anaphylactoid reactions have been reported as due to triacetyloleandomycin. Photosensitivity and photoallergic reactions (due to the tetracycline) occur rarely. Medication should be discontinued when evidence of significant adverse side effects or reaction is present. Patients should be carefully observed for evidence of overgrowth of nonsusceptible organisms including fungi, which occurs occasionally, and which indicates this drug should be discontinued and appropriate therapy instituted. Steps should be taken to avoid masking syphilis when treating gonorrhea.

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Contraindications and Precautions: Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.

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Outpatient Mental Health Facilities In the State of Indiana: 1966

*BERNARD LUBIN, Ph.D.**
ALBERT LINCH, ACSW†
Indianapolis

THIS DIRECTORY is based upon information compiled from a mail survey conducted in March, 1966. Copies of the survey mailing list were sent to all agencies listed in the previous directory with the request that corrections should be noted on the questionnaire. By this method, information was collected from 33 psychiatric and psychological clinics, and 38 additional facilities which offer, primarily, psychological testing and special education, counseling or casework services. The directory can be considered complete through March 15, 1966.

We welcome information concerning corrections and/or omissions.

Information about psychiatric clinics is presented by the city of location in the following form:

> Name of Facility. Address. Telephone number. Medical director and/or administrator. Area served. Age limits of clients served. Schedule of the facility. Number of full-time (FT) and part-time (PT) professional staff and trainees, and hours served. Services to clients. Application Procedure. Fees for services.

One asterisk (*) denotes that the facility is partially supported by the Indiana Department of Mental Health; two asterisks (**) denote that the facility is entirely supported by the Indiana Department of Mental Health.

Additional facilities are listed according to city of location in two special sections.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311.

> Delton C. Beier, Ph.D. Serves Monroe and surrounding counties. Age Limit: None. Daily including Saturday morning. Psychiatrist, 1 FT, 40 hours; clinical psychologists, 10 PT, 150 hours, 59 trainees, 590 hours; psychiatric social worker, 1 FT, 40 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone. Fees: intake interview — $3; treatment interview — $1; psychological testing — $10.

Columbus

*Bartholomew County Mental Health and Guidance Center, 1541 Hutchins Ave., 47201. (812) 372-7877.

* Director, Division of Research and Training, Indiana Department of Mental Health and Associate Professor, Department of Psychiatry, Indiana University School of Medicine.

† Director, Division of Community Mental Health Services, Indiana Department of Mental Health.

George C. Weinland, M.D. Serves Bartholomew and Brown counties. Age Limit: None. Daily, including Thursday evening and Saturday morning. Psychiatrist, 1 FT, 36 hours; clinical psychologists, 2 FT, 72 hours, 1 PT, 6 hours; psychiatric social workers, 2 FT, 72 hours. Services: diagnosis, psychotherapy, counseling & guidance, marriage counseling and consultation. Application Procedure: physician referral or some cases accepted on referral from courts and schools. Fees: sliding scale. Intake, diagnostic studies (including testing when done) and interpretation session charged at rate of three times base fee (prorated for any fraction of this evaluation process.)

Elkhart

*Adult and Child Guidance Clinic of Elkhart County, Inc., 224 West High St., 46514. (219) 522-4522.

John U. Keating, M.D. Serves Elkhart County. Age Limit: None. Daily, including Tuesday evening, except Saturday. Psychiatrist, 1 FT, 38 hours; clinical psychologists, 2 PT, 22 hours; psychiatric social workers, 3 FT, 114 hours. Services: diagnosis, psychotherapy, counseling & guidance, group therapy and family therapy. Application Procedure: letter, phone, self-referral. Fees: A weekly fee for service is calculated, based on patient's income as evidenced by Federal Income Tax Return. Patient pays the fee for any week in which he receives one or more services.

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 523-3350.

Otto D. Klassen, M.D., Medical Director. Robert W. Hartzler, Administrator. Serves primarily a 60 mile radius around Elkhart, including Elkhart, Noble, LaGrange, Steuben and DeKalb counties. Age Limit: Minimum 2½ yrs. — Maximum 86 yrs. Daily, including Wednesday evening, except Saturday. Psychiatrists, 2 FT, 80 hours; clinical psychologists, 2 FT, 80 hours; psychiatric social workers, 5 FT, 200 hours; psychiatric nurses, 2 FT, 80 hours; occupational therapist, 1 FT, 40 hours; chaplain, 1 FT, 40 hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation, day-care. Application Procedure: letter, phone, self-referral. Fees: $25. per interview (e.g. intake, treatment, collateral and diagnostic); $25. psychological testing; $20. per day in day hospital; $6. per 1½ hours, group; $5 per night in community home.

Evansville

*Southwestern Indiana Adult Mental Health Center, Inc., 200 Cherry St., 47713. (812) 425-4251.

John P. Longstaff, M.D. Serves Vanderburgh, Gibson, Posey and Warrick counties. Age Limit: Minimum — 18 yrs. Daily except Saturday. Psychiatrists, 2 PT, 50 hours; clinical psychologist, 1 FT, 40 hours, 1 PT, 32 hours; psychiatric social workers, 2 FT, 80 hours. Services: diagnosis, psychotherapy, counseling & guidance, group psychotherapy. Application Procedure: letter, phone, self-referral. Fees: sliding scale.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227.

Lillian Moulton, M.D. Serves Vanderburgh County and surrounding counties in Tri-state. Age Limit: Maximum — 18 yrs. Daily except Saturday. Psychiatrist, 1 FT, 40 hours; clinical psychologists, 1 FT, 40 hours, 1 PT, 16 hours; psychiatric social workers, 2 FT, 80 hours, 1 PT, 20 hours, 2 trainees, 40 hours; speech therapist, 1 PT, 4 hours. Services: diagnosis, psychotherapy, speech therapy. Application Procedure: Application and accompanying medical examination forms completed. Fees: sliding scale.

Fort Wayne

*Adult Psychiatric Center of Northeast Indiana, 227 East Washington Blvd., 46802. (219) 743-5471 ext. 215.

William C. Lyon, M.D., Director. Steve P. Nestor, ACSW, Administrator.

Serves Allen, Huntington, Wells, DeKalb, Adams and Noble counties. Age Limit: Minimum — 18 years. Daily except Saturday. Psychiatrists, 2 PT, 20 hours; clinical psychologists, 2 FT, 75 hours; psychiatric social workers, 2 FT, 75 hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation. Application Procedure: phone, letter, self-referral, or physician. Fees: sliding scale.

*Fort Wayne Child Guidance Center, Inc., 227 East Washington Blvd., 46802. (219) 743-5471 ext. 217.

Robert L. Greenlee, M.D., Medical Director. Richard Noel, ACSW, Administrator. Serves Allen County. (Diagnostic services to adjoining counties) Age Limit: Maximum — 16 yrs. Daily except Saturday. Psychiatrists, 1 FT, 37½ hours, 1 PT; clinical psychologists, 6 FT, 225 hours; psychiatric social workers, 4 FT, 150 hours; psychologist technician, 1 FT, 37½ hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation to other agencies, community mental health education. Application Procedure: letter, phone. Fees: sliding scale.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031.

Krystyna Sklenarz, M.D. Serves Lake County. Age Limit: Children — as long as dependent on parents. Daily including Saturday morning and afternoon. Psychiatrists, 2 PT, 33 hours; clinical psychologists, 4 FT, 152 hours; psychiatric social workers, 4 FT, 152 hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation to D.P.W., juvenile courts, Catholic Charities, Visiting Nurses Assoc., Bethany Children's Home, and Lake County Children's Home, and special classes for emotionally disturbed children. Application Procedure: letter, phone, self-referral. Fees: sliding scale.

**Northwest Indiana Alcoholism Clinic, 4938 West 5th Ave., 46406. (219) 949-4275.

Anna S. Brand, M.D., Medical Director. Ross Stanton, Administrator. Serves 17 Northern counties. Age Limit: Adults only. Daily, including Monday and Thursday evenings, except Saturday. Clinical psychologist, 1 PT, 4 hours; physician, 1 PT, 20 hours; social worker, 1 FT, 39½ hours; nurse, 1 FT, 37½ hours. Services: diagnosis, counseling & guidance. Application Procedure: letter, phone, referrals by unions, management, A.A., etc. Fees: None.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46207. (317) 639-7422.

John E. Kooiker, M.D. Serves all counties of Indiana. Age Limit: Minimum — 16 yrs. Daily except Saturday. Psychiatrists, 1 FT, 40 hours, 2 PT, 48 hours, 5 trainees, 200 hours; clinical psychologists, 2 FT, 80 hours, 2 trainees, 80 hours; psychiatric social workers, 1 FT, 40 hours, 2 PT, 5 hours, 4 trainees, 96 hours. Services: diagnosis, psychotherapy, counseling & guidance, psychological testing. Application Procedure: letter, phone. Fees: intake or diagnostic interview — $10.; treatment interview — $6.; psychological testing, $5. - $25.

**Central Indiana Alcoholism Clinic, Bahr Treatment Building, 3000 West Washington St., 46222. (317) 639-5304.

Jerome V. Pace, M.D., Medical Director. Daniel J. Crowe, ACSW, Administrator. Serves entire state. Age Limit: Adults only. Services provided to alcoholic patients and their families. Daily, including Monday, Tuesday, Wednesday & Friday evenings, and Saturday morning and afternoon. Psychiatrist, 1 PT, 2 hours; clinical psychologist, 1 PT, 12 hours; psychiatric social workers, 2 FT, 80 hours, 1 PT, 4 hours; physicians, 2 FT, 80 hours; alcoholism consultants, 3 FT, 120 hours; alcoholism counselors, 2 FT, 80 hours. Services: diagnosis, psychotherapy,

counseling & guidance. Application Procedure: self-referral, letter, phone. Fees: None.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381.

Edward C. Shipley, M.D. Serves Marion County. Age Limit: Maximum — 16 yrs. Daily except Saturday. Psychiatrists, 1 FT, 33½ hours, 1 trainee, 3 hours; clinical psychologists, 2 FT, 75 hours; psychiatric social workers, 3 FT, 112½ hours, 2 PT, 62½ hours, 3 trainees, 65½ hours. Services: diagnosis, psychotherapy, counseling & guidance, consultations. Application Procedure: phone. Fees: sliding scale.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46207. (317) 639-8747.

Joseph B. Green, M.D. Serves all counties. Age Limit: None. Thursday mornings only. Neurologists, 1 PT, 1 trainee; clinical psychologist, 1 PT; psychiatric social worker, 1 PT; psychiatric nurse, 1 PT. Services: diagnosis, counseling & guidance, medical treatment. Application Procedure: Must be physician referred. Fees: $6. per visit.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538.

David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director. Serves entire state. Age Limit: None. Tuesday and Wednesday evenings. Psychiatrist, 1 PT, 3 hours; clinical psychologists, 4 PT, 6 hours; psychiatric social workers, 4 PT, 6 hours. Services: diagnosis, referral. Application Procedure: letter, phone. Fees: None.

**Larue D. Carter Memorial Hospital — Outpatient Clinic, 1315 West 10th St., 46207. (317) 634-8401.

Joseph A. FitzGerald, M.D. Serves all counties not served by local outpatient clinics. Excluded are alcoholics, mentally retarded, and persons who have legal charges pending. Age Limit: Minimum — 4 yrs. Daily except Saturday. Psychiatrists, 6 PT, 58 hours, 15 trainees, 46 hours; clinical psychologists, 5 PT, 24 hours, 1 trainee, 10 hours; psychiatric social workers, 1 FT, 40 hours, 4 PT, 25 hours, 2 trainees, 32 hours; psychiatric nurse, 1 PT, 10 hours; 1 (EEG) PT, 13 hours. Services: diagnosis, psychotherapy, counseling & guidance, public information and referrals. Application Procedure: phone call or letter to clinic to schedule screening interview, application form, physician referral may be requested. Fees: sliding scale. Evaluation, $4. - $20.; treatment, $1. - $15.

Marion County General Hospital, Outpatient Psychiatry Clinic, 960 Locke St., 46207. (317) 636-6331.

William T. Paynter, M.D. Serves Marion County. Age Limit: Minimum — 12 yrs. Daily except Saturday. Psychiatrists, 2 FT, 80 hours, 2 PT, 26 hours, 8 trainees, 192 hours; clinical psychologists, 2 PT, 4 hours; psychiatric social workers, 2 PT, 40 hours. Services: diagnosis, psychotherapy, consultation to other community agencies. Application Procedure: letter, phone, walk-in. Fees: Determined by established procedures applied to the General Hospital services in all areas.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46207. (317) 639-8747.

Arthur L. Drew, M.D. Serves all of Indiana. Age Limit: Maximum — 16 yrs. Daily except Saturday. Neurologists, 3 FT, 120 hours; clinical psychologists, 2 FT, 80 hours; psychiatric social workers, 2 FT, 80 hours; psychiatric nurse, 1 FT, 40 hours; psychometrists, 3 FT, 120 hours. Services: diagnosis, counseling & guidance. Application Procedure: Must be physician referred. Fees: $6. per visit.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46207. (317) 636-6331.

Paul R. Dyken, M.D., Director. Serves Marion County. Age Limit: Children or Children and Parents only. Monday afternoons only. Staff: No information available. Services: diagnosis, follow-up. Application Procedure: Must be physician referred. Fees: None.

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46207. (317) 639-8162.

Nancy Roeske, M.D. Serves state of Indiana where facilities are not available. Age Limit: Maximum — 16 yrs. Daily except Saturday. Psychiatrists, 1 FT, 40 hours, 3 PT, 30 hours, 4 trainees, 160 hours; clinical psychologists, 3 FT, 120 hours, 1 PT, 24 hours, 1 trainee, 40 hours; psychiatric social workers, 3 FT, 120 hours, 2 trainees, 48 hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation to other services concerned with child care. Application Procedure: Must be physician referred. Fees: $16. diagnostic interview; $6. - $16. treatment interview.

Veteran's Administration Regional Office, Mental Hygiene Clinic, 36 South Pennsylvania St., 46204. (317) 633-7113.

John H. Greist, M.D., Acting Medical Director. E. U. Robinson, M.D., Administrator. Serves state of Indiana except Lake, Porter and LaPorte counties. Serves veterans only. Daily except Saturday. Psychiatrists, 2 PT, 4 hours; clinical psychologists, 1 FT, 40 hours, 1 PT, 20 hours; psychiatric social workers, 3 FT, 120 hours; physician, 1 FT, 40 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, service connected or on trial visit from a V. A. Hospital. Fees: None.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., Route 3, Box 320E, 47130. (812) 282-3929.

Joseph B. Brill, M.D., Medical Director. Kenneth Shore, ACSW, Executive Director. Serves Clark, Floyd, Scott, Washington, Jefferson and Harrison counties. Age Limit: None. Daily except Saturday. Psychiatrist, 1 PT, 35 hours; clinical psychologists, 1 FT, 1 PT, 1 trainee, 86 hours total; psychiatric social workers, 2 FT, 2 trainees, 120 hours total. Services: diagnosis, psychotherapy. Application Procedure: letter, phone, self-referral. Fees: sliding scale.

Kokomo

*Guidance Center of Howard County, Inc., 308 West Taylor St., 46901. (317) 452-5667.

John M. Hoyt, M.D., Medical Director. David M. Barnett, ACSW, Administrator. Serves Howard and Tipton counties. Age Limit: None. Daily, including Monday, Tuesday, and Wednesday evenings, except Saturday. Psychiatrist, 1 PT, 30 hours; clinical psychologists, 2 FT, 80 hours, 1 PT, 8 hours; psychiatric social workers, 2 FT, 80 hours, 2 PT, 9 hours. Services: diagnosis, psychotherapy, counseling & guidance, group therapy. Application Procedure: Must be physician referred. Fees: sliding scale.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. 92-2754.

John M. Hadley, Ph.D. Serves all Indiana counties. Age Limit: None. Daily, including Saturday morning. Clinical psychologists, 9 PT, 70 hours, 15 trainees, 220 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, walk-in. Fees: Purdue students and staff, $3. fee covers all services rendered in an academic year; non-university adults, complete interest and aptitude evaluation, plus additional counseling interviews — $35., complete personality evaluation plus preparation of a report — $35., any single individually administered intelligence test, plus a report — $20., any single paper-and-pencil aptitude test —

$5.; Children — fee schedule varies with client's ability to pay.

*Tippecanoe County Mental Health Center, Inc., 2900 North River Road, West Lafayette, 47906. 743-9656.

Joe M. Martin, M.D., Medical Director. Clayton Hudson, ACSW, Administrator. Serves Tippecanoe, White, Carroll, Montgomery, Benton, Warren, and Fountain counties. Age Limit: None. Daily including Monday and Friday evening and Saturday morning and afternoon. Psychiatrists, 3 PT, 46 hours; clinical psychologists, 2 FT, 70 hours, 1 trainee, 10 hours; psychiatric social workers, 2 FT, 70 hours, 2 PT, 23 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, self-referral. Fees: sliding scale.

Logansport

*Guidance Center, Inc., 406 Barnes Building, 46947. 6441.

Heracleo Matheu, M.D. Serves Cass, Fulton and Miami counties. Age Limit: None. Tuesday, Friday, and Saturday mornings, Monday through Saturday afternoons, and evenings. Psychiatrist, 1 PT; clinical psychologist, 1 PT; psychiatric social worker, 1 PT; psychometrist, 1 PT. (Information on hours not available) Services: diagnosis, psychotherapy, counseling & guidance, psychological examinations, play therapy. Application Procedure: letter, phone, physician, court and welfare agencies. Fees: sliding scale.

Marion

*Grant County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631.

Larry K. Musselman, M.D., Medical Director. Mrs. Margaret Straight, ACSW, Administrator. Serves Grant County. Age Limit: None. Daily including Monday, Tuesday and Wednesday evenings and Saturday morning and afternoon. Psychiatrist, 1 PT, 20 hours; clinical psychologist, 1 PT, 4 hours; psychiatric social workers, 1 FT, 40 hours, 2 PT, 8 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: phone, letter. Fees: sliding scale.

Michigan City

*Adult and Child Guidance Clinic for LaPorte County, 701 Washington St., 46360. (219) 872-7279.

John M. Hoyt, M.D., Medical Director. James Lubs, ACSW, Administrator. Serves LaPorte County. Age Limit: None. Daily, including Monday, Wednesday, and Friday evenings and Saturday morning and afternoon. Psychiatrist, 1 PT, 20 hours; clinical psychologists, 2 FT, 80 hours; psychiatric social workers, 1 FT, 40 hours, 2 PT, 16 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, self-referrals. Fees: sliding scale.

Richmond

*Child Guidance Clinic of Wayne County, Inc., 54 South 15th St., 47374. 962-1523.

Robert W. Schmitt, M.D. Serves Wayne County. Age Limit: Maximum 18 yrs. Daily, including Saturday. Psychiatrist, 1 PT; clinical psychologist, 1 PT; psychiatric social worker, 1 FT; educational therapist, 1 PT. (hours not available). Services: diagnosis, psychotherapy, counseling & guidance, educational therapy. Application Procedure: letter, phone, walk-in. Fees: sliding scale.

South Bend

*St. Joseph County Adult and Child Guidance Clinic, 527 West Colfax Ave., 46601. (219) 233-5123.

Harold G. Nichols, M.D., Medical Director. Mrs. Helen G. Reed, Administrator. Serves St. Joseph County. Age Limit: None. Daily, except Wednesday afternoon, including Thursday evening. Psychiatrists, 2 FT, 80 hours; clinical psychologists, 1 FT, 40 hours, 2 PT, 40 hours; psychiatric social workers, 4 FT, 160 hours. Services: diagnosis, psychotherapy, counseling & guidance, consultation with other agencies and in-service training. Application Procedure: letter, phone. Fees: sliding scale.

Terre Haute

*Vigo County Adult and Child Guidance Clinic, 415 North 9th St., 48707. L-6291.

Gene D. Moore, M.D., Medical Director. Harold E. Wilson, ACSW, Administrator. Serves Vigo, Vermillion, Parke, Clay, Greene, and Sullivan counties. Age Limit: None. Daily, including Saturday. Psychiatrist, 1 PT, 20 hours; clinical psychologist, 1 FT, 40 hours; psychiatric social workers, 3 FT, 120 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, application form. Fees: sliding scale.

Valparaiso

Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-5521.

Myron E. Berkson, M.D. Serves Porter County. Age Limit: None. Monday through Saturday, evenings by appointment. Psychiatrist, 1 PT, 7 hours; clinical psychologists, 2 PT, 14 hours; psychiatric social workers, 1 FT, 40 hours, 1 PT, 20 hours. Services: diagnosis, psychotherapy, counseling & guidance. Application Procedure: letter, phone, self or outside agent. Fees: sliding scale.

Warsaw

*Four County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169.

Frank D. Hogle, M.D., Director. C. B. Given, ACSW, Assistant Director. Serves Huntington, Kosciusko, Marshall, Wabash and Whitley counties. Age Limit: None. Daily, including Tuesday evening, except Saturday. Psychiatrist, 1 PT, 28 hours; clinical psychologist, 1 PT, 8 hours; psychiatric social workers, 2 FT, 89 hours, 1 PT, 16 hours; medical consultant, 1 PT, 4 hours. Services: diagnosis, psychotherapy, counseling & guidance, psychotropic RX. Application Procedure: letter, phone, self-referrals. Fees: sliding scale.

Additional Facilities in the State of Indiana

A. *Psychological Testing, Special Education Services, and Counseling Services.*

Evansville

Center for Special Educational Services, Evansville College, 1700 Lincoln Ave., 47704. (812) 476-1341 ext. 45.

Robert F. Garnett, Director

Indianapolis

Bureau of Clinical Services, Butler University, 4600 Sunset Ave., 46207. (317) 923-3451.

Roger W. Coulson, Ph.D.
David P. Torbet, Ph.D.

Veteran's Administration — Vocational Counseling, Training, and Adjustment Activity, 36 South Pennsylvania St., 46209. (317) 633-7254.

Noble C. Lehner

Terre Haute

Special Education Clinic, Indiana State University, 47809. C-6311.

Rutherford B. Porter, Ph.D.

B. *Casework Services, Counseling Services.*

Anderson

Anderson Pastoral Care & Counseling Center, First Methodist Church, P.O. Box 967, 46015. (317) 643-6977.

Robert W. Fribley, D.D., Director

Family Service of Madison County, 538 Citizens Bank Building, 46016. (317) 642-5114.

Donald F. Maxstadt, ACSW
Executive Director

Bloomington

Family Service Association of Monroe County, Inc., 205 South Walnut, 47401. (812) 339-1551.

Mrs. Dorinda Beck, ACSW
Executive Director

East Chicago

Catholic Family Service of East Chicago, 720 West Chicago Ave., 46312. (219) 397-5803.
Rev. Joseph Semancik
Director

Elkhart

Family Counseling Service of Elkhart County, 329 West Franklin St., 46514. (219) 523-4402.
Charles A. Burkholder, ACSW
Executive Director

Evansville

Catholic Charities Diocese of Evansville, 602 Court Building, 47708. (812) 423-5456.
Rev. Chas. T. Schoettelkotte
Director

Evansville Pastoral Care & Counseling Center, 300 Mary St., 47710. (812) 424-3574.
Rev. Wesley Matzigkeit
Director

Family & Children's Service, Inc., 217 S. E. Eighth St., 47713. (812) 425-5181.
Edward F. Ebert, ACSW
Executive Director

Fort Wayne

Catholic Social Service, 919 Fairfield Ave., 46802. (219) 743-7311.
Director's position vacant.

Family and Children's Service of Fort Wayne, Inc., 2424 Fairfield Ave., 46807. (219) 744-4326.
Richard D. Stone
Acting Director

Fort Wayne Pastoral Care & Counseling Center, First Methodist Church, 326 East Wayne St., 46802. (219) 743-2684.
Rev. Robert Bickel, Ph.D.
Director

Lutheran Social Services, Inc., 330 Madison, 46802. (219) 743-3347.
Rev. Charles F. Tuschling, ACSW
Executive Secretary

Gary

Calumet Pastoral Care & Counseling Center, City Methodist Church, 575 Washington St., 46402. (219) 885-8452.
Rev. S. Walton Cole, Th.D.
Director

Catholic Family Service of Gary, 3857 Broadway, 46409. (219) 887-6548.
Rev. Joseph Semancik
Director

Hammond

Catholic Family Service of Hammond, 5252 Hohman Ave., 46320. (219) 933-0696.
Rev. Joseph Semancik
Director

Indianapolis

Catholic Social Services, 623 East North St., 46204. (317) 632-9401.
Rev. Donald Schmidlin
Director

Children's Bureau of Indianapolis, Inc., 615 North Alabama St., Rm. 312, 46204. (317) 634-6481.
James J. Mallon, ACSW
Executive Director

Family Service Association of Indianapolis, 615 North Alabama St., Rm. 210, 46204. (317) 634-6341.
Henry M. Graham, ACSW
Executive Director

Indiana Area Methodist Pastoral Care & Counseling Center, 312 Chamber of Commerce Building, 46204. (317) 635-1183.
James E. Doty, Ph.D.
Director

Indianapolis Pastoral Care & Counseling Center, North Methodist Church, 3808 North Meridian St., 46208. (317) 924-2612.
The Rev. Paul E. Johnson, Ph.D.
Director

Jewish Social Services of Indianapolis, 615 North Alabama St., Rm. 319, 46204. (317) 634-7401.
Frank Newman, ACSW
Acting Director

St. Mary's Child Center, (Psycho-Educational Clinic), 311 North New Jersey St., 46204. (317) 631-3265.
Rev. Edward Smith
Director

Jeffersonville

New Albany Pastoral Care & Counseling Center, Wall Street Methodist Church, Wall & Chestnut Streets, 47130. (812) 282-9868.
Rev. Richard Christopher
Director

Lafayette

Family Service Agency of Tippecanoe County, Room 205 - 2nd Floor, 515 Columbia St., 47901. 742-2584.
Norman R. Johnson, ACSW
Executive Director

Lafayette Pastoral Care & Counseling Center, Trinity Methodist Church, 314 North Sixth St., 47901. 742-1288.
Rev. J. Philip Klinger
Director

Marion

Family Service Society, 3 City Hall, 46952. (317) 662-6868.
Lucille Gardner, ACSW
Executive Director

Michigan City

Family Service Association of LaPorte County, Inc., Room 331 - Warren Bldg., 46360. (219) 879-9110.
Mrs. Evelyn F. Cummins, ACSW
Executive Secretary

Mishawaka

Family & Children's Center, Inc., 1411 Lincoln Way West, 46544. (219) 259-5666.
Robert E. Pollitt, ACSW
Executive Director

Muncie

Family Counseling Service, 615 East Washington St., 47305. (317) 284-7789.
Richard E. Huyck, ACSW
Executive Director

Muncie Pastoral Care & Counseling Center, High Street Methodist Church, High and Adams St., 47305. (317) 284-9946.
Dr. Donald E. Bailey
Director

Richmond

Family Service Association of Wayne County, Inc., 11 North Tenth St., 47374. 966-0034.
Richard I. Borden, ACSW
Executive Director

South Bend

Catholic Social Service, 207 South Taylor St., 46625. (219) 289-5506.
Mr. James F. Walsh, Director

South Bend Pastoral Care & Counseling Center, First Methodist Church, 325 North Main St., 46614. (219) 233-9463.
Rev. Thomas Flight
Director

Terre Haute

Family Service Association in Terre Haute, 912 Chestnut St., 47801. C-4349.
Director's position vacant.

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Jene R. Bennett, M.D., Sauth Bend Dec. 31, 1967
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Reciprocal Blood Banking

IT IS POSSIBLE, in central Indiana, to join a blood bank, contribute a pint of blood as an entry fee, and for a specified time thereafter, receive blood transfusions on an unlimited basis practically anywhere in the civilized world.

The name of the club is The Community Blood Bank of Marion County. The one-pint-entry-fee maintains a family membership for two and one-half years, an individual membership for five years. In case of inability to donate blood and with the permission of the Bank, a cash fee of $15.00 may be paid.

After the individual or family is qualified, they are eligible for benefits immediately in case of an accident and for other indications after 90 days. Family members include all children under 21 years of age and other dependents as listed on the federal income tax return.

The Community Blood Bank is a non-profit, but financially self-sustaining, organization governed by a board of directors and supported by twenty-four area hospitals, civic leaders and the Marion County Medical Society. It was begun in 1952 and was operated with one employee for 13 years from a one room facility in Methodist Hospital used as a clearing house for blood location. All drawing was done by hospitals. In July of 1965, a new centralized drawing facility was opened at 2128 N. Meridian St., Indianapolis.

All hospitals in Marion County and the hospitals in 13 other central Indiana counties* are directly dependent on this Bank for their blood supply. Community Blood Bank is a member of the American Association of Blood Banks and may also transfer blood credits to any part of the United States.

The size of any blood bank is its most significant attribute. The larger the bank, the more it is able to satisfy demands for multi-unit transfusions and for the rare types of bloods. New members in ever-increasing numbers are needed to make the Community Blood Bank an outstanding community resource.

Membership application blanks may be obtained by writing the Bank or by calling 926-1391 in Indianapolis.

* Decatur, Fayette, Hamilton, Hancock, Hendricks, Henry, Johnson, Madison, Morgan, Rush, Shelby, Tipton and Wayne Counties.

Medical Restraint of Trade Act

THE Judiciary Committee of the U. S. Senate is considering a bill introduced by Senator Hart of Michigan to prohibit any profit by a practitioner of medicine in the supplying of drugs or devices to patients.

"A bill to strengthen the antitrust laws by prohibiting the payment to or receipt by persons licensed to engage in the practice of medicine, of profit, rebates, refunds, commissions, discounts, rentals or other valuable consideration in connection with the supplying to patients drugs, devices, or other products prescribed by such licensees."

The term profit is defined by the bill as "any markup above actual cost of the product to the licensee, discount, refund, rebate, commission, rental for space leased from a licensee based in whole or in part on a percentage of income from drugs or devices sold or furnished by the tenant or unreasonably high rental in lieu thereof, or other valuable consideration."

This definition of "profit," in effect, prohibits the physician who dispenses drugs from recovering his expense in connection with packaging, handling, labeling, breakage, wastage, spoilage, refrigeration, property taxes and disposal of outdated drugs.

In fact, if the bill becomes law and is enforced, it will, by its economic effect, prevent physicians from dispensing drugs except in emergencies. It will deprive all patients in areas not serviced by conveniently located pharmacies from the benefits of drugs except those furnished by the doctor at a financial loss.

In many areas of the United States it is customary for the physician to dispense. Patients are accustomed to this practice, and would consider it unusual to obtain their medication in any other way. In some areas and in some circumstances, the distance to the nearest pharmacy makes it necessary for the doctor to provide the medicine.

This is a proper subject for a letter to your Congressman. Senator Birch Bayh is a member of the Judiciary Committee. The bill is designated as S. 2568, and cited as the "Medical Restraint of Trade Act."

This is an area in which federal legislation with its one solution for a variety of circumstances might produce more bad than good. Actually the problem is exaggerated and where it does exist would be better dealt with by state action under whose jurisdiction physicians and pharmacists are licensed.

Guest Editorials

Dispensing The Sample

THE samples you get from drug companies are intended for one purpose: to be given to patients as a trial. However, if no written prescription accompanies the sample, the transaction looks like the dispensing of a home remedy; or looks as if the patient is being used as a guinea pig. Common sense suggests that the sample should be accompanied by a written prescription for the same item.

It might be best to tell the patient: "This is a sample of a new (or a good old) medicine that has had some fine results. If it is as favorable as I expect it to be, take the prescription to your neighborhood drug store so you can get more of this medicine. If you are disappointed in the results, call me."

This simple procedure will prevent the embarrassment of an otherwise satisfied patient trying to get the drug without a prescription. It will lift the medication into the dignified "prescription" class rather than make it look like a casual free sample. It indicates that the doctor is not going out on a limb, calling it a wonder drug. And it acts as an automatic (if not entirely scientific) check on the effectiveness and safety of a new drug.—Reprinted with permission from *The Journal of The Medical Society of New Jersey,* Vol. 62, No. 12, December, 1965.

PL 89-97 (Medicare) Meeting

FIVE-HUNDRED physicians and their wives gathered in Indianapolis Sunday, April 17 to attend the Indiana State Medical Association's briefing on PL 89-97 (Medicare).

The meeting was considered by officials of ISMA to be one of the best attended one-day sessions in ISMA history.

Highlight of the all-day program was the opportunity for physicians to ask detailed questions on the varying aspects of Medicare and the impact of the legislation on their individual practices.

Answering questions were Dr. Donovan F. Ward, immediate past-president of the American Medical Association; Dr. Kenneth O. Neumann, president, Indiana State Medical Association; Dr. Eugene S. Rifner, president-elect, ISMA and Dr. E. T. Edwards, chairman of the Council, ISMA.

Others included Dr. Don E. Wood, past-president, ISMA; James A. Waggener, executive secretary, ISMA; Leeman J. Forrest, assistant regional representative, Social Security Administration; Mr. Richard C. Kilborn, executive vice-president, Blue Shield; Mr. James Herod, assistant executive director, Blue Cross Hospital Service.

Also on the program were Dr. Andrew Offutt, commissioner of Public Health and Albert Kelly, administrator, Department of Public Welfare in Indiana.

In his comments to the assemblage, Dr. Ward pointed out "The position of your American Medical Association on Medicare has not changed Your AMA considers the law unnecessary and unwarranted and not in the public interest. We felt this way before the law was passed and we have not altered the opinion even though it has passed."

Dr. Ward further reiterated that the AMA has expressed the point of view that two things were needed to make a federal law financing health care for the aged a wise law and a good law. "One was that it had to be limited to needy people. The other was that it had to be administered by the several states."

Dr. Ward further expressed the opinion that he is convinced that there will be harrassment of the profession as long as this law is on the books and that the law has been described as the biggest social welfare measure in our history.

He pointed out that it will touch the lives of virtually all Americans — 19 million persons over age 65 starting July 1 and the 100 million persons who pay taxes. It will start at an estimated cost of 4½ billion dollars a year and will go up from there at an unpredictable rate. It will require about 10,000 additional federal employees just to administer the program and will directly affect physicians who treat any persons 65 and over.

It will directly affect hospitals, nursing homes, home health services, nurses, therapists and all of the health professions and will require thousands of words and pages to detail the regulations covering mechanisms, procedures and rules for implementation.

Dr. Ward stated that the state of Ohio has urged their physicians to use the direct billing method and refuse to accept any form of assignment. The Council of the Ohio State Medical Association has also stated that physicians should receive their usual, customary and reasonable fees.

However, he pointed out, physicians must steel themselves to meet the grim prospect of federal controls . . . or attempted federal controls . . . on the charges of physicians under the law.

Hundreds of questions on details of handling patients under the law were asked by the physicians and their wives, and answered by the panel which represented every area of administration.—**Kenneth W. Bush, Administrative Assistant, ISMA.**

Editorial Notes . . .

Pap smears promise to be good screening tests for mouth lesions. Public Health Service hospitals have been making a pilot study, and in 1962, their doctors examined oral cavities of 14,449 patients. They found 1,120 lesions, of which, as a result of Pap smears, 142 were subjected to biopsy and from which 24 patients were found to have oral cancer. The study has been continued; 8,000 mouth lesions have been found in three years. Complete reports will be published later this year.

An "early warning system" for drugs is contemplated by the AMA Council on Drugs. The processing of reports of adverse reactions today allows time for multiple incidents, injudicious comments in lay and medical press and sometimes an overreaction in control measures. Dr. Jean K. Weston, Council Director, suggests electronic processing of all reports concerning drugs to facilitate early and valid judgments in regard to safety.

The Army's lightweight x-ray unit has been so successful in field trials in South Vietnam it is to be standardized. Three cushioned cases with a total weight of 100 lbs. contain the x-ray apparatus with rechargeable batteries, a processing unit and 100 Polaroid films with cassette and all required supplies. It may be moved by manpower and can be set up and operated anyplace. The x-ray tube operates at a fixed value of two milliamperes with a peak voltage of 120 kilovolts. Batteries are good for a total of 750 seconds of exposure before requiring recharging.

Silver solder containing cadmium is dangerous in home workshops. The fumes of cadmium are practically odorless and cause no discomfort. Symptoms are delayed by four to eight hours, and may result in a fatality. Tin-based solders do not present this hazard. Cadmium-based solder should not be used except in a well ventilated environment.

What to do with what you don't want is becoming a problem on a federal scale. The First National Conference on Solid Wastes Management was held in April at the University of California. "Management" in this case is used to connote "where do you throw it away to." Like the Australian farmer who bought a new boomerang and then went nuts trying to throw the old one away, the human race is presented with a waste disposal problem which is not handled well now and which will become worse in the future. One of the bits of wisdom from the conference as expressed in "federalese" was "Wastes must be managed within the assimilative capacity of the environment." ◄

President's Page

Had it not been for the impending arrival of Medicare on July first, the "Merrie Month of May" would have been a most pleasant month. During May it was my privilege to travel to several district meetings, the Indiana Academy of General Practice meeting in Fort Wayne and to meetings of the state medical societies of Wisconsin, Illinois and Ohio.



The weather varied from warm and sunny in Madison, Indiana on May 3rd to snow in LaCrosse, Wisconsin on May 12th. The weather seemed to reflect the many changing attitudes on medical practice I have found throughout our state and the middle west. If only by some magic we could arrive at a united position, many of our current problems would have been solved long ago.

The opportunity to meet with, talk to, and exchange ideas with officers and members of nearby state medical societies is an exhilerating experience and challenge. At each meeting one obtains a much broader perspective of medical problems and learns of methods tried in an attempt to solve these problems. It is readily apparent that many problems we encounter in Indiana are common problems with other states. The exchange of views is most helpful. Unfortunately none of us have all the answers.

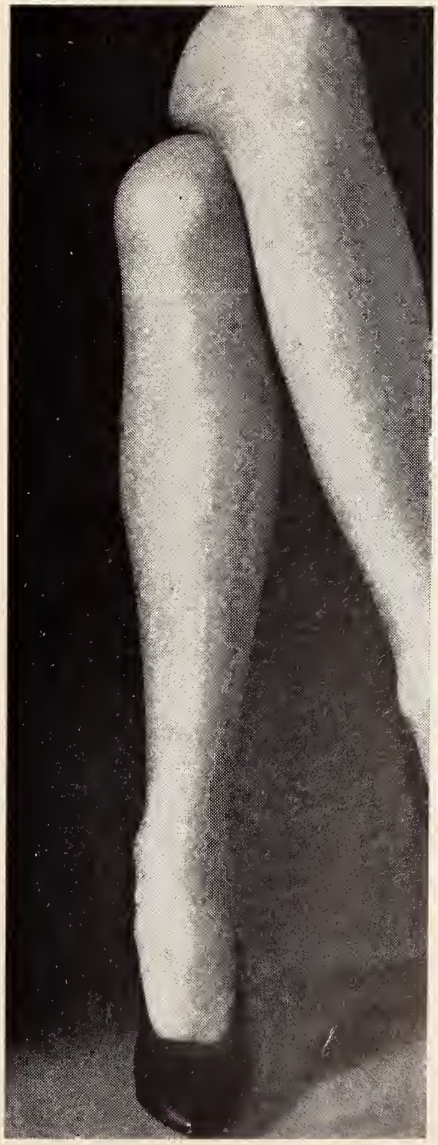
It is regrettable that some district meetings occur on dates which conflict with other district meetings or other state society meetings. I greatly appreciate the assistance I have had from Dr. Rifner and Dr. Edwards, and other officers and councilors in covering some of these meetings in behalf of the state association. I am sorry to miss some of these meetings because I believe that district meetings are still important links in communication between the state society officers and the membership. I should like to receive suggestions from any member on how these meetings could be enlarged and communications improved.

With the approach of July first, which means Medicare to many, may I again express the view that *our* responsibility as physicians is to *our* patients regardless of age or any other factor. To the extent that we fulfill our responsibility to all patients will we, and our profession, be judged. If medicine is to retain its freedom, we must not fail in our efforts to provide efficient, effective medical care for all, irrespective of third party plans, regulations or restrictions.

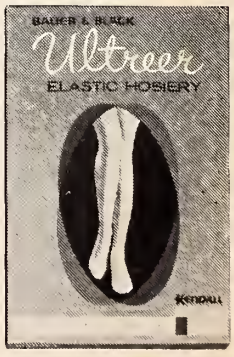
R. D. Neumann M. D.

You prescribe elastic stockings. She won't wear them. Now what?

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Elastic Stockings so sheer they look like support hose. Both Ultreer and support hose are sheer, shapely, cool and comfortable. But that's where the similarities end. New Ultreer fits firmly and evenly over the entire leg. Gives true therapeutic compression necessary to relieve varicose veins and other leg disorders. They provide the therapy you prescribe. The fashion and economy she demands.
Ultreer stockings have a new low price. So low, she can afford two pairs of Ultreer instead of one pair of regular elastic stockings. There'll be no disagreements there. Ultreer stockings are as comforting to her purse as they are to her legs. New Ultreer are the elastic stockings doctors and women can agree on.



KENDALL
BAUER & BLACK SUPPORTS DIVISION

The Woman's Auxiliary

REPORTS TO ISMA

The 22nd House of Delegates of your auxiliary is now history. It was held at the Key Largo Motel and Club Olympia in Fort Wayne April 19-21. This annual session was an outstanding example of careful planning and gracious hospitality, thanks to the local doctors' wives and their husbands. Hats off to Allen County! Our thanks to Wells County, also, who planned and carried out the breakfast, "Auxiliary A Go-Go."

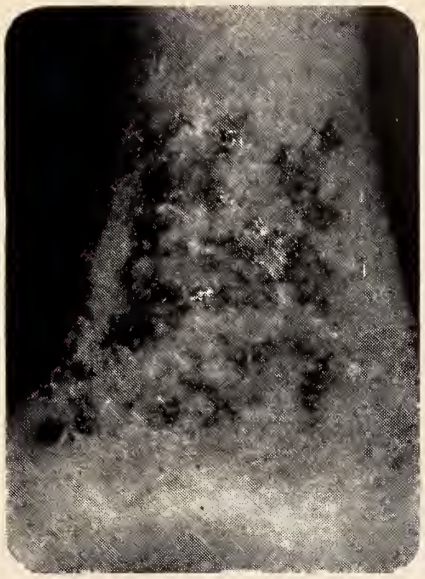


It is regrettable that more counties were not represented when the roll call for county reports was made. Of course, these reports had been filed with the recording secretary, but the group listening missed the information and stimulation of the planning and successful projects of many counties.

Doctors, when the next meeting of the House of Delegates draws near, will you encourage your wives to see to it that someone from their respective groups is present to read their county's report? This meeting will be held in Evansville in April, 1967.

Mazo D. Scales

eczema: scourge of childhood



R. R., Age 11—Before treatment—atopic eczema of long standing



After treatment—with ARISTOCORT Topical Ointment 0.1% for two weeks

ARISTOCORT® Triamcinolone Acetonide Topicals have proved exceptionally effective in the control of various forms of childhood eczema: allergic, atopic, nummular, psoriatic, and mycotic.

In most cases responsive to topical ARISTOCORT, the 0.1% concentration is sufficiently potent. The 0.5% concentration provides enhanced topical activity for patients requiring additional potency for proper relief.

Administration and Dosage: Apply sparingly to the affected area 3 or 4 times daily. Some cases of psoriasis may be more effectively treated if the 0.1% Cream or Ointment is applied under an occlusive dressing.

Contraindications: Tuberculosis of the skin, herpes simplex, chicken pox and vaccinia.

Precautions and Side Effects: Do not use in the eyes or in the ear (if drum is perforated). A few individuals react unfavorably under certain conditions. If side effects are encountered, the drug should be discontinued and appropriate measures taken. Use on infected areas should be attended with caution and observation, bearing in mind the potential spreading of infection and the advisability of discontinuing therapy and/or initiating antibacterial measures. Generalized dermatological conditions may require systemic corticosteroid therapy. Steroid therapy, although responsible for remissions of dermatoses, especially of allergic origin cannot be expected to prevent recurrence. The use over extensive body areas, with or without occlusive nonpermeable dressings, may result in systemic absorption. Appropriate precautions should be taken. When occlusive nonpermeable dressings are used, miliaria, folliculitis and pyodermas will sometimes develop. Localized atrophy and striae have been reported with the use of steroids by the occlusive technique. When occlusive nonpermeable dressings are used, the physician should be aware of the hazards of suffocation and flammability. The safety of use on pregnant patients has not been firmly established. Thus, do not use in large amounts or for long periods of time on pregnant patients.

Packages: Tubes of 5 Gm. and 15 Gm.; ½ lb. jar.

PHOTOGRAPHS COURTESY OF M. M. NIERMAN, M.D.

Aristocort® Topical Ointment 0.1% and Cream 0.1%, 0.5%
Triamcinolone Acetonide
Also available in foam form and with neomycin.

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018-6

Pro-Banthine®
(propantheline bromide)

Intragastric photography has provided a new and precise method of measuring the effectiveness of anticholinergic drugs. The transition from gastric motor activity to relaxation seen with effective doses of such drugs takes only a few seconds and is easily demonstrated.

The importance of vagal stimulation of gastric hyperacidity and hypermotility makes such measurements particularly important in evaluating the parasympatholytic effect of drugs used in patients with peptic ulcer, gastritis, biliary dyskinesia and other gastrointestinal disorders.

Pro-Banthine has been shown[1] to produce complete gastric motor inactivity with doses of 6 to 8 mg. intravenously. Comparison tests were made with the belladonna fraction, atropine. Measured usual dosage unit versus usual dosage unit, Pro-Banthine was more than four times as effective as the belladonna alkaloid.

See for

Indications: Peptic ulcer, functional hypermotility, irritable colon, pylorospasm and biliary dyskinesia.

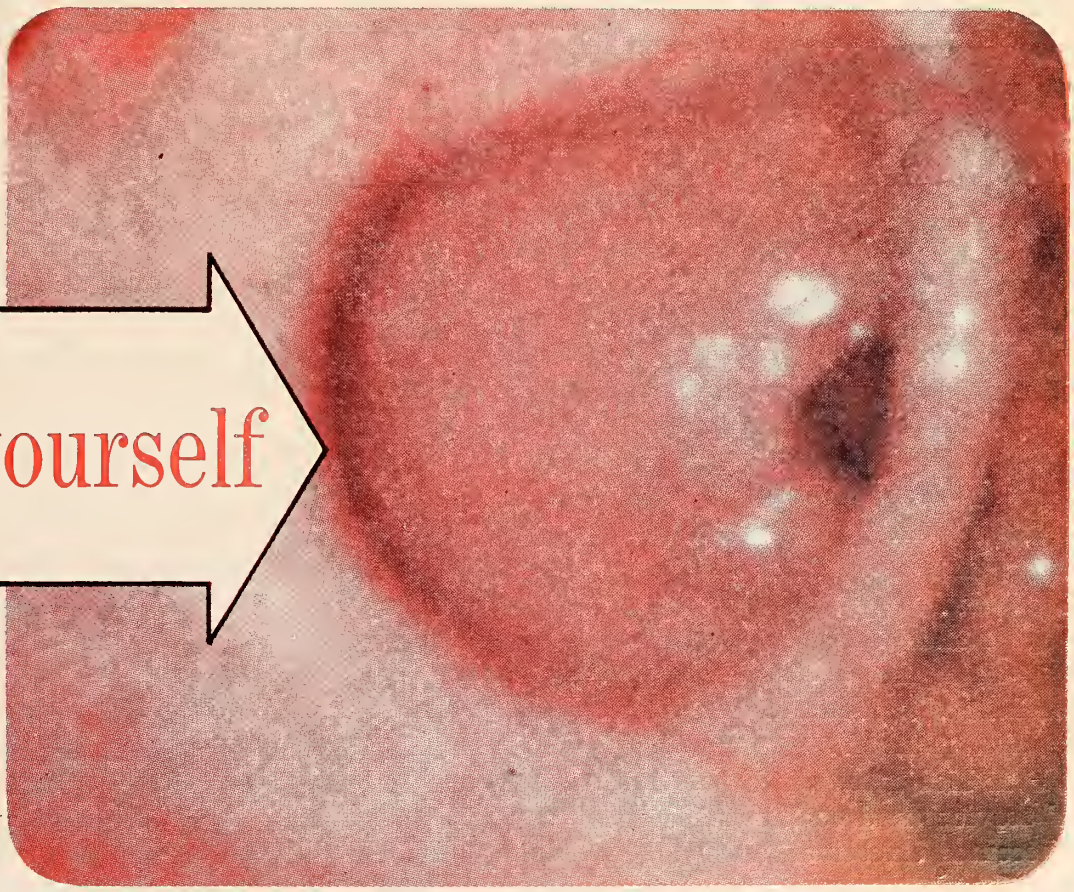
Oral Dosage: Adequate dosage should be given for optimal results. For most *adult* patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthine (brand of propantheline bromide) is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type ampuls of 30 mg.

Side Effects and Contraindications: Urinary hesitancy, xerostomia, mydriasis and, theoretically, a curare-like action may occur. Pro-Banthine is contraindicated in patients with glaucoma, severe cardiac disease and prostatic hypertrophy.

1. Barowsky, H.; Greene, L., and Paulo, D.: Cinegastroscopic Observations on the Effect of Anticholinergic and Related Drugs on Gastric and Pyloric Motor Activity, Amer. J. Dig. Dis. *10*:506-513 (June) 1965.

Is Effective

yourself



Complete gastric relaxation with Pro-Banthine. As this intragastric photograph demonstrates, gastric relaxation is attained with 6 mg. of Pro-Banthine intravenously; the antrum is relaxed and the pyloric orifice remains open. Full intravenous doses of atropine (4 mg.) produce no measurable effect.

SEARLE

Research in the Service of Medicine

Indiana Blue Shield to Administer Part B of Medicare

(One of a series prepared by Indiana Blue Cross-Blue Shield)

Active preparations for the many responsibilities involved in administering Part B of Medicare in Indiana have been moving forward since Indiana Blue Shield was selected by the Social Security Administration as carrier.

At the same time, three benefit programs developed as a result of the passage of Medicare are being made available to all persons in Indiana 65 and over.

Indiana Blue Shield is one of 33 Blue Shield plans in the country which were named as Medicare Part B carriers by the Social Security Administration. They will serve approximately 59% of the Part B beneficiaries. Sixteen other organizations also were named as carriers.

Appointments are on an interim basis pending formal contract negotiations. The regulations for carriers have not yet been issued. Present information about the work and responsibilities of the carriers may be modified by the regulations.

Presently Indiana Blue Shield is developing methods and procedures and augmenting its staff so that it will be able to administer Part B of Medicare in an efficient and effective manner.

Part B of Medicare, which helps pay for doctors' services and certain other medical items, becomes effective July 1, 1966, for persons 65 and over who enroll with the Social Security Administration for this optional, voluntary part of the program. The cost is $3 per month per person, with the Federal Government contributing an equal amount.

Part B of Medicare will pay 80% of the amount the carrier determines is a "reasonable" charge for each item of the doctor bills for an enrolled older person, plus a number of other medical services and supplies, above an annual deductible of $50.

Under Medicare there are two methods of obtaining payment from the carrier. The first involves payment directly to the patient from the carrier, and the second involves the physician accepting an assignment and payment being made directly to the physician by the carrier. Under the first method, the patient himself completes Part I of the Medicare claim form and attaches itemized receipted bills. The itemized bills must show:

1. Name of person or organization furnishing the medical services or supplies.
2. Name of patient receiving services or supplies.
3. Each date services or supplies were provided.
4. Place services were provided (home, office, hospital, etc.)
5. A description of the services or supplies provided on each occasion.
6. The charges for each medical service or item.
7. The receipt showing the bill was paid may be on the bill or attached to it. Cancelled checks will not be accepted.

In lieu of the itemized receipted bill, we feel it would be simpler and easier for the physician merely to complete a regular Blue Shield claim form marked "paid" and enclose it together with the Medicare claim form which the patient himself completes, and submit them both to Blue Shield. In addition, if the member has the Blue Cross-Blue Shield Medicare Supplemental program, it will be necessary to include on the claim form or bill the Blue Cross-Blue Shield identification number. This will allow us to provide payment under both programs without requiring additional forms or paperwork.

If the physician chooses the assignment method, he must complete a Medicare claim form and submit it directly to Blue Shield. In the event that the patient also has our Medicare Supplement program, the doctor

should give right above the government number the Blue Cross-Blue Shield identification number. This will allow us to provide payment under both programs without further claim reports or paperwork.

As carrier, one of the most important functions of Indiana Blue Shield will be to determine the "reasonable" charge. In determining the reasonable charge, the carrier must use three main criteria: (1) The customary charge of the physician; (2) The prevailing charge in the locality, and (3) The charge applicable for a comparable service and under comparable circumstances to our members.

Help in determining guidelines for "reasonable" charges will be sought by Blue Shield from state and county medical societies. Payment of reasonable charges of the physician for Medicare benefits means that there are no fixed fee schedules applicable as there are for some Blue Shield benefit programs.

In addition to determining the amount of payments to be made under Part B of Medicare benefits and making the payments, Indiana Blue Shield will perform specified administrative functions, in the area of auditing, maintaining records, utilization review practices and controls, and serving as a channel of communication relating to the program's administration with both physicians and beneficiaries. ◄

W. C. Huddlestone
Communications Division

About Our Cover

The American flag from its infancy has grown to represent the inalienable right of every man to be free — free to pursue his own happiness, free to express his opinion, free to have a voice in government, free to elect his officials and free to worship.

On July 1, 1966, Medicare will become effective, a moment in American history which will initiate what has been described as this nation's biggest social welfare measure.

Certainly the timing on the effective date has an ironical twist in that it comes three days before Independence Day, a day significant to all Americans, in that it essentially means that Americans have always been proud of a heritage, which says that each man and woman is entitled to these basic freedoms which were so dearly won by their forefathers.

With the Medicare law, the big question is whether this increasingly over-shadowing governmental paternalism means the sacrifice of some of these freedoms now and even more later. Does this measure herald the beginning of the end for the free practice of medicine and the beginning of greater federal influences over our rights to worship, to speak, to learn, to progress and to seek ways to make each of our lives more meaningful?

Independence Day, of course, means that every physician and every American still has the inalienable right to influence changes and ultimate withdrawal of such legislation as Medicare. This cannot be accomplished by quitting the practice of medicine or meekly complaining about the so-called tragic state of affairs or sitting idly by and letting others do the job.

Now is the time for every physician to rally to his own convictions concerning freedom — and to do it dynamically and with courage through his medical organizations, the Indiana State Medical Association, the American Medical Association and I-HOPE, his Political Action Committee.

He'll be exercising a freedom which "Old Glory" stands for and doing his share to preserve the sacred heritage which has been entrusted to him for safekeeping and passing on to those younger generations who follow.—K.W.B.

Indiana University School of Medicine Library Physician's Loan and Reference Service

THE I.U. School of Medicine's library reference and loan services are designed to provide the physicians of the state with materials and reference service not available in their local public and hospital libraries. The reference librarian will conduct medical literature surveys, compile bibliographies and perform other medical reference activities. Books and photocopies of serial articles will be sent upon request.

Reference requests should include the following information:

a. detailed statement of the subject of interest including the specific phases of the subject (i.e., diagnosis, etiology, pathology, therapy)
b. statement regarding date span to be covered
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Photocopy and Loan Services: In the case of serial articles, photocopies are usually supplied. However, if the serial is in poor condition and cannot be photocopied or if the material is a book, the original is sent. Photocopies become the property of the patron. The charge for photocopies is 10¢ per exposure. Requests should include the following information:

a. serials: author(s), title of article, title of serial, volume, inclusive pagination of the article, and date
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Patrons are to pay all mailing and insurance costs for original materials. The date due, insurance, and mailing costs will be indicated when the original material is mailed. The patron is expected to have the material returned to the library by the date due. The loan period is 30 days with no renewals.

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Would you like to receive copies of the bibliographic citations in your field of interest as they appear monthly in *Index Medicus?* You may select as many as three unrelated descriptors. It is necessary for the descriptors to be in the terminology of *Index Medicus.* For this reason physicians in Marion County are requested to contact the reference librarian for an appointment to come to the library to choose their descriptors and consider the related subjects. Physicians outside of Marion County should make a prepaid telephone call to the reference librarian to discuss their choice of descriptors. Requests in letter form cannot be accepted. The alerting service also includes authors. Patrons may select as many as five authors. You may send typed requests for author citations to the Reference Department.

As each issue of *Index Medicus* is received, your descriptors and/or authors will be checked and when entries appear, photocopies of the bibliographic citations will be sent to you automatically. There is no charge for these two alerting services. However, if the demand is too great, a charge may have to be made at a later date. Photocopies of cited articles may be requested.

Correspondence should be addressed to: Reference Department, Indiana University School of Medicine Library, 1100 West Michigan Street, Indianapolis, Indiana 46207. Telephone 639-7182.

ROSTER OF MEMBERS

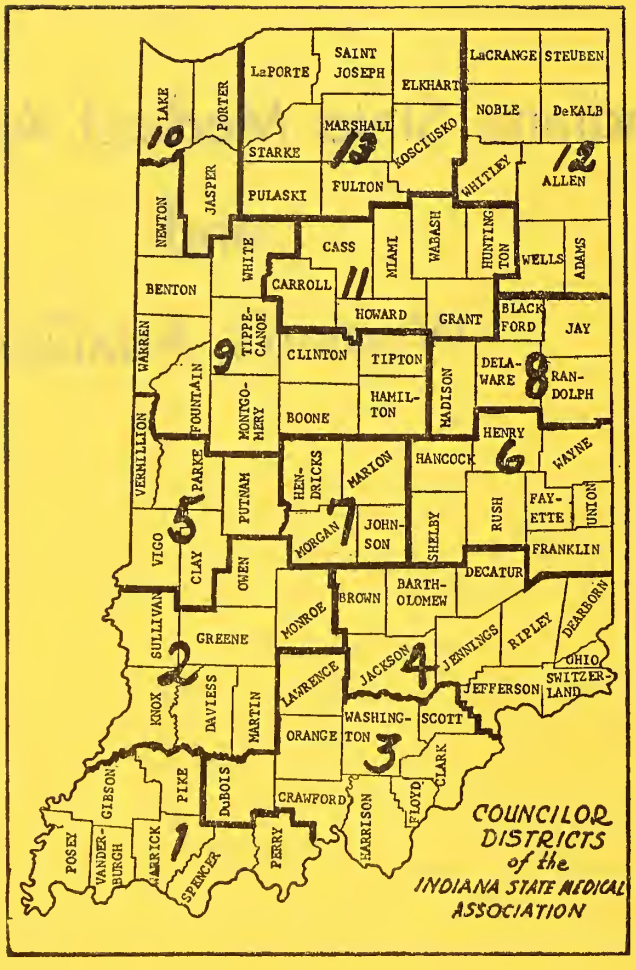


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COUNCILOR DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1966.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 33/609.

Name	City	County
	A	
Aagesen, Walter J.	Anderson	Madison
Abell, Charles F.	Marion	Grant
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acker, Robert B. (S)	South Bend	St. Joseph
Acre, Robert R. (S)	Evansville	Vanderburgh
Adair, Samuel L.	Jeffersonville	Clark
Adair, William K. (S)	Crothersville	Jackson-Jennings
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, Max R.	Flora	Carroll
Adams, William B.	Muncie	Delaware-Blackford
Adamski, Michael S.	Logansport	Cass
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adkins, Harold C.	Indianapolis	Marion
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Whiting	Lake
Adler, Raymond N.	Evansville	Vanderburgh
Adler, Yolanda T.	Whiting	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Advincula, Luis V.	Greencastle	Putnam
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Milo M.	Plainfield	Hendricks
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akre, Philip R.	San Antonio, Texas	Marion
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Indianapolis	Marion
Aldrich, Harry D.	Indianapolis	Marion
Aldrich, Howard	Indianapolis	Marion
Alexander, Ezra D.	Indianapolis	Marion
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Joseph E.	Hammond	Lake
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, Donald R.	Evansville	Marion
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Indianapolis	Marion
Allen, L. Howard	Bedford	Lawrence
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Terre Haute	Vigo
Alley, Thomas W.	Port Hueneme, Calif.	Marion
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Alt, Edward M., Jr.	Munster	Lake
Althoff, William R.	Kokomo	Howard
Altier, William H.	Fowler	Benton
Alvarez, Paul	Gary	Lake
Alvis, Edmond O. (S)	Indianapolis	Marion
Alward, John H.	Kokomo	Howard
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Gary	Lake
Amini, Sohrab	Louisville, Ky.	Dubois
Amos, Robert L.	New Castle	Henry
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Richard M.	Vincennes	Knox
Anderson, Robert C.	Richmond	Wayne-Union
Anderson, Walter C.	Terre Haute	Vigo
Anderson, Wendell C.	Indianapolis	Marion
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Fred B.	Columbus	Bartholomew-Brown
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Uldarico A.	Gary	Lake
Angulo, Edilberto D.	Munster	Lake
Ansbacher, Stefan (H)	Marion	Grant

Name	City	County
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H.	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, William E. (S)	Indianapolis	Marion
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arisman, Ralph K.	South Bend	St. Joseph
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L.	Anderson	Madison
Armington, Robert L.	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	La Porte
Arney, Amos	Michigan City	La Porte
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aronson, Sidney S.	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Artis, Myrle E.	Kokomo	Howard
Artz, Richard W.	Angola	Steuben
Arvin, Delano Z.	Lafayette	Tippecanoe
Ash, Harold H.	W. Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, Ernest O. (S)	New Augusta	Marion
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Ashwood, Edward L.	Indianapolis	Marion
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C.	Rushville	Rush
Atwood, William H.	Elkhart	Elkhart
Ault, Carl H.	Kokomo	Howard
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
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Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avegno, John H.	Munster	Lake
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W.	Marion	Grant

B

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Babcoke, Gary A.	Cedar Lake	Lake
Bacevich, Andrew J.	Hammond	Lake
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	La Porte	La Porte
Backer, Henry G.	Ferdinand	Dubois
Backer, Mary B.	La Porte	La Porte
Backs, Alton J.	South Bend	St. Joseph
Bahler, Dean R.	Brookston	Tippecanoe
Bahr, Robert E.	Fort Wayne	Allen
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Bailey, Earl W.	Logansport	Cass
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Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
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Baird, Melvin S.	Indianapolis	Marion
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Bakemeier, Robert E.	Indianapolis	Marion
Baker, Avey M. (S)	New Albany	Floyd
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Baldwin, John H. (S)	Jeffersonville	Clark
Balkema, Catherine M.	Lafayette	Tippecanoe
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Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
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Ball, Philip	Muncie	Delaware-Blackford
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Barden, Tom P.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
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Barrett, Robert V.	Cypress, Calif.	Marion
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
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Bartley, Stan L.	Glenview, Ill.	Delaware-Blackford
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Barton, Robert	Angola	Steuben
Barton, Willoughby M.	Centerville	Wayne-Union
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Bash, Wallace E.	Fort Wayne	Allen
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Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R.	Warsaw	Kosciusko
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	New Albany	Floyd

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Bayley, William E.	Lafayette	Tippecanoe
Baylor, Joseph P.	San Diego, Calif.	Vanderburgh
Baynes, Frank L.	Wolcott	White
Beach, Norman F.	South Bend	St. Joseph
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Beams, Ralph H.	Fort Wayne	Allen
Bean, Joseph S.	Logansport	Cass
Beardsley, Frank A., Jr.	Frankfort	Clinton
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Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Begley, Robert W.	Pendleton	Madison
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Behn, Walter M. (S)	Gary	Lake
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Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Bell, Horace D.	South Bend	St. Joseph
Bell, Robert L.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benages, Anthony G.	Jasper	Dubois
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendler, Carl H.	Gary	Lake
Benedict, Charles D.	LaGrange	LaGrange
Benedict, Harold G.	Pendleton	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
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Bennett, James E.	Indianapolis	Marion
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Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Benz, Owen F.	Wanatah	La Porte
Beres, Joseph S.	Albuquerque, New Mexico	Dearborn-Ohio
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	La Porte
Bergendahl, Emil H.	Fort Wayne	Allen
Berger, Morley	Beech Grove	Marion
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berkshire, Shaffer B.	North Vernon	Jackson-Jennings
Berkson, Myron E.	Michigan City	La Porte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K.	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Berner, Herbert W., Jr.	Indianapolis	Marion
Bernoske, Daniel G.	Indianapolis	Lake
Berry, John M.	Indianapolis	Marion
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Beverland, Malon E. (S)	Indianapolis	Marion
Bhagwandin, Harry O.	Indianapolis	Marion
Biasini, Benedict A.	South Bend	St. Joseph
Bibler, Henry E.	Muncie	Delaware-Blackford
Bibler, Lester D.	Indianapolis	Marion
Bickel, David A. (S)	South Bend	St. Joseph
Bickers, Everett E.	New Albany	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Birdzell, John P.	Crown Point	Lake
Birmingham, Peter J. (S)	South Bend	St. Joseph
Birum, Patricia J.	Union City	Randolph
Bishop, Harry A.	Frankton	Madison
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, James A.	Fort Wayne	Allen
Bixler, Louis C.	South Bend	St. Joseph
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, M. James	Brownsburg	Hendricks
Black, Joseph M.	Seymour	Jackson-Jennings
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blake, Albert L.	Indianapolis	Marion
Bland, Jack D.	Holland	Dubois
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, E. Frederick	Indianapolis	Marion
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Bodnar, Leslie M.	South Bend	St. Joseph
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F.	Indianapolis	Marion
Boha, Rudolph L.	Borden	Clark
Bohner, Caryle B.	Hidalgo, Mexico	Marion
Bolin, Robert C.	Lafayette	Tippecanoe

Name	City	County
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bomalaski, M. Donald	Indianapolis	Marion
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bonaventura, Angelo P.	Highland	Lake
Bond, George S. (S)	Indianapolis	Marion
Bond, Virginia	Indianapolis	Marion
Bond, Walter C. (S)	Clay City	Clay
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Boonstra, Charles E.	Bluffton	Wells
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Boren, Paul R.	Poseyville	Posey
Bornstein, Herschel	Gary	Lake
Borland, Raymond M.	Bloomington	Owen-Monroe
Borough, Lester D.	South Bend	St. Joseph
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A.	Westville	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles L. (S)	Muncie	Delaware-Blackford
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Charles M.	Albion	Noble
Bowman, Geo. W. (S)	Indianapolis	Marion
Bowser, Philip G.	Goshen	Elkhart
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyd, Stella N.	Oakland City	Vanderburgh
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F.	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Samuel J.	Gary	Lake
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J., Jr.	Evansville	Vanderburgh
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandman, Harry	Gary	Lake
Brandt, William E.	Fort Wayne	Allen
Brauer, Abraham A.	Westville	La Porte
Braun, Benjamin D.	East Chicago	Lake
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, John R., Jr.	Pensacola, Fla.	Marion
Brayton, John R., Sr.	Indianapolis	Marion
Brayton, Lee	Indianapolis	Marion
Brazelton, Osborne T. (S)	Seal Beach, Calif.	Gibson
Brechtl, Harvey J.	South Bend	St. Joseph
Breedlove, C. Dane	Fairmount	Grant
Brennan, Bess B.	Hammond	Lake
Brennan, William C.	Whiting	Lake
Brenner, Howard B.	Munster	Lake
Bretz, John M.	Huntingburg	Dubois
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Bridwell, Edgar	Bedford	Lawrence
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Gary	Lake
Brink, Calvin C. (S)	Gary	Lake
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brodie, Donald W.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J.	Terre Haute	Vigo
Brooks, Edwin A.	Evansville	Vanderburgh
Brooks, Fred R., Jr.	Indianapolis	Marion
Brooks, G. Tanner	Richmond	Wayne-Union
Brooks, Leonard C.	Warsaw	Kosciusko
Broomes, Edward L. C.	East Chicago	Lake
Brose, Paul E.	Indianapolis	Marion
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brough, A. Kathleen	Indianapolis	Marion
Brown, Archie E.	Indianapolis	Marion
Brown, David B.	Gary	Lake
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T.	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James C.	Valparaiso	Porter
Brown, John S.	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Spencer	Owen-Monroe
Brown, Richard J.	Kokomo	Howard
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Bruetsch, Walter L.	Indianapolis	Marion
Bruner, Ralph W. (S)	Jeffersonville	Clark
Bryan, Franklin A.	Fort Wayne	Allen

Name	City	County
Bryan, Paul E.	Madison	Jefferson-Switzerland
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Buchanan, Wallace D.	South Bend	St. Joseph
Buche, Frederick P. (S)	Richmond	Wayne-Union
Buchman, Marshall H.	New Albany	Floyd
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F.	Bluffton	Wells
Buddrus, David J.	Evansville	Vanderburgh
Buehl, Isabelle A.	Greenwood	Marion
Buechler, William F.	Elwood	Madison
Buechner, Frederick W.	South Bend	St. Joseph
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bugh, Charles W.	Fairbanks, Alaska	Marion
Buhrmester, Harry C.	Lafayette	Tippecanoe
Bullers, Robert C.	Franklin	Johnson
Bullington, George E.	Whiteland	Johnson
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Gary	Lake
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkhart, Charles A.	Fort Wayne	Allen
Burkle, Robert J.	Terre Haute	Vigo
Burks, Jess E.	Crawfordsville	Montgomery
Burnett, Arthur B.	New Castle	Henry
Burnett, Paul C.	Logansport	Cass
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R.	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Buslee, Roger M.	South Bend	St. Joseph
Bussard, Clifford F. (S)	South Bend	St. Joseph
Bussard, Frank W.	South Bend	St. Joseph
Butler, Joe B.	Crothersville	Jackson-Jennings
Butler, John O.	Indianapolis	Marion
Butler, Robert M.	Indianapolis	Marion
Butterfield, Robert M.	Muncie	Delaware-Blackford
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byrd, Ryland P.	Jeffersonville	Clark
Byrn, Howard W. (S)	Oxford	Floyd
Byrne, Louis	Bloomington	Owen-Monroe
Byrne, Robert J.	Bicknell	Knox

C

Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M.	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cahue, Antonio R.	Gary	Lake
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Call, Herbert F.	Indianapolis	Marion
Callaghan, Winship C.	Greensburg	Decatur
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R.	Lafayette	Tippecanoe
Calvin, Helen M.	South Bend	St. Joseph
Calvin, O. Walter	North Liberty	St. Joseph
Cameron, Don F.	Angola	Steuben
Cameron, Mary H.	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, John A.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	Noblesville	Hamilton
Campbell, William T.	Bloomington	Owen-Monroe
Canaday, James W. (S)	Indianapolis	Marion
Canganelli, Vincent G.	Lafayette	Tippecanoe
Cannon, Daniel H.	New Albany	Floyd
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caplin, Samuel S.	Marion	Marion
Caputi, Saverio	Indianapolis	Marion
Carberry, George A.	Gary	Lake
Carbone, Joseph A.	Gary	Lake
Caretti, John W.	Lafayette	Tippecanoe
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlo, Ernest R. (S)	Fort Wayne	Allen
Carlson, Milton R.	Portage	Porter
Carlson, Norman R.	Michigan City	La Porte
Carlson, Ralph F.	Evansville	Vanderburgh
Carlyle, Ivan E. (S)	Michigantown	Clinton
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Garrett	DeKalb
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V.	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, James V.	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cast, William R.	Indianapolis	Marion
Castetter, Gregory K.	Anderson	Madison
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Evansville	Vanderburgh
Cattell, Lee M.	Kokomo	Howard
Cavins, Alexander W.	Terre Haute	Vigo
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D.	Bluffton	Wells
Caylor, Truman E.	Bluffton	Wells
Chael, Thomas C.	Munster	Lake
Challman, William B.	Mt. Vernon	Posey
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Leroy B.	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chandler, Leon H.	Goshen	Elkhart
Chappel, Alfred T.	Franklin	Johnson
Chase, James A.	Fort Wayne	Allen
Chase, Thomas P.	Avon	Hendricks
Chattin, Herbert O.	Vincennes	Knox

Name	City	County
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K.	Indianapolis	Marion
Cheng, Sylvia F.	Logansport	Cass
Chernish, Stanley M.	Indianapolis	Marion
Chevalier, Robert B.	Indianapolis	Marion
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chivington, Paul V.	Indianapolis	Marion
Choslovsky, Sydney	Gary	Lake
Christie, Marvin C.	Beech Grove	Marion
Christophel, Verna A.	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chube, David D.	Gary	Lake
Church, Robert A.	Munster	Lake
Clark, Charles M., Jr.	Boston, Mass.	Marion
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Joseph H.	Huntington	Huntington
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R., Jr.	Fort Wayne	Allen
Clark, William R.	Fort Wayne	Allen
Clarke, Elton R. (S)	Kokomo	Howard
Clarkson, Clarence G.	Liberty	Wayne-Union
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clevinger, William G.	Indianapolis	Marion
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, Gerald A.	S. Rhodesia, Africa	Marion
Close, W. Donald	Indianapolis	Marion
Clouse, John F.	Amarillo, Texas	Delaware-Blackford
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coates, Jacqueline	Indianapolis	Marion
Cobb, Clarence M.	Logansport	Cass
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cochran, Robert B.	Muncie	Delaware-Blackford
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Earl Park	Benton
Coddington, Robert C.	San Francisco Calif.	Marion
Coffel, Melvin H.	Vincennes	Knox
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Hyman	Gary	Lake
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Indianapolis	Marion
Colbert, Richard M.	Oakland, Calif.	Marion
Colbert, Ruth E. D.	Oakland, Calif.	Marion
Cole, Ira	Lafayette	Tippecanoe
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colip, George D.	South Bend	St. Joseph
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Margaret C.	Muncie	Delaware-Blackford
Collins, Robert C.	Indianapolis	Marion
Colosey, Frederick J.	South Bend	St. Joseph
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	DeRidder, La.	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H.	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Congleton, G. C. (S)	Terre Haute	Vigo
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L.	Elkhart	Elkhart
Conley, John E.	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Cincinnati, Ohio	La Porte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Charles E.	North Manchester	Wabash
Cook, Gordon C.	South Bend	St. Joseph
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cooke, J. Kenneth	Indianapolis	Marion
Cookson, Lawrence U.	Indianapolis	Marion
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, Harry L. (S)	South Bend	St. Joseph
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cope, Stanton E.	Huntington	Huntington
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Cornell, Robert A.	Crawfordsville	Montgomery
Corpe, Kenneth F.	Rushville	Rush
Corrao, Gaetano	Gary	Lake
Corrao, Thomas J.	Jeffersonville	Clark
Corsentino, Bart E.	Vincennes	Knox
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	San Francisco, Calif.	Marion
Cortese, Thomas A.	Indianapolis	Marion
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen
Coughenour, J. Robert	Indianapolis	Marion
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Plymouth	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, Leon T.	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Reuben	Kokomo	Howard
Craig, Reuben A. (S)	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen

Name	City	County
Craig, Robert A.	Syracuse	Elkhart
Crates, Gordon C.	Denver	Miami
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Crevello, Albert J.	Evansville	Vanderburgh
Crimm, Paul D.	Evansville	Vanderburgh
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Franklin S. (H)	W. Lafayette	Tippecanoe
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Warsaw	Kosciusko
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Indianapolis	Marion
Cross, David G.	Indianapolis	Marion
Crouse, Ben E.	Frankfort	Clinton
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Crum, Marion M.	Angola	Steuben
Culbertson, Carl S.	South Bend	St. Joseph
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, P. Kent, Jr.	Indianapolis	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culloden, William G. (S)	Indianapolis	Marion
Culp, John E.	Fort Wayne	Allen
Cunningham, Gene C.	Indianapolis	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T.	Muncie	Delaware-Blackford
Currie, Robert W.	Indianapolis	Marion
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custer, Edward W.	South Bend	St. Joseph
Custer, Norman L.	Marion	Grant
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Daggy, James R.	Richmond	Wayne-Union
Dahling, Clemens W.	New Haven	Allen
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daniel, John C. (S)	Indianapolis	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N.	Crawfordsville	Montgomery
Daugherty, William L.	Hutsonville, Ill.	Sullivan
Daves, W. Lawrence	Evansville	Vanderburgh
David, George J.	Muncie	Delaware-Blackford
Davidoff, Manuel A.	Fort Wayne	Allen
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M.	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Lloyd H. (S)	Madison	Jefferson-Switzerland
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Max D.	Evansville	Vanderburgh
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Davis, Thomas N. III	Hammond	Lake
Davis, William H.	New Market	Montgomery
Day, William D. C.	Seymour	Jackson-Jennings
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Dean, Richard E.	LaPorte	LaPorte
Dearmin, Robert M.	Indianapolis	Marion
DeArmond, Murray	Indianapolis	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Kokomo	Howard
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
Dehner, John R.	Langley AFB, Va.	Marion
Deitch, Robert D.	Indianapolis	Marion
del Bando, Juan N.	East Chicago	Lake
DeMotte, C. Bowen	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Dennison, Alfred D., Jr.	Indianapolis	Marion
Denny, Forrest L.	Indianapolis	Marion
Denny, James W.	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Deren, Matthew J.	La Porte	La Porte
Derhammer, George L.	Brookston	Tippecanoe
Dester, Herbert E. (S)	Berne	Adams
DeTar, George B. (S)	Moore Haven, Fla.	Pike
Dettloff, Frederick R.	Greencastle	Putnam
Deur, Julius J.	Lafayette	Tippecanoe
Deutsch, William	Muncie	Delaware-Blackford
Devetski, Robert L.	South Bend	St. Joseph
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L.	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Dian, August J.	Westville	La Porte
Dian, Julia K.	Westville	La Porte
Dickens, Karl L.	Martinsville	Morgan
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J.	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion

Name	City	County
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dillon, John F.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dimmett, James D.	Chandler	Warrick
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Ft. Detrick, Md.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U.	Hartford City	Delaware-Blackford
Dodds, Wemple	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Crown Point	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Delaware-Blackford
Dolezal, Bernard J.	South Bend	St. Joseph
Donahue, Claude M.	Carmel	Hamilton
Donahue, Francis E.	Dublin	Henry
Donahue, George R.	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Portland	Jay
Donnelly, Everett F.	South Bend	St. Joseph
Doran, J. Hal	Indianapolis	Marion
Dormire, Robert D.	Warsaw	Kosciusko
Dorrance, Thomas O.	Bluffton	Wells
Dosado, Elpidio	Gary	Lake
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Dragomer, Andrei S.	Hammond	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Dreyer, Ralph W.	Richmond	Wayne-Union
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
DuBois, Ramon B.	Lafayette	Tippecanoe
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David A.	Tell City	Perry
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Frederic M. (S)	Dugger	Sullivan
Dukes, Joe E.	Dugger	Sullivan
Dumanian, Ara V.	Homewood, Ill.	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, John S.	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Clarksville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Durkin, John W., Jr.	Indianapolis	Marion
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchess, C. Toney	Galveston	Cass
Dutchman, William R.	Muncie	Delaware-Blackford
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dyken, Paul R.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dzenitis, Andrievs J.	Indianapolis	Marion
Dziabis, Marvin D.	Indianapolis	Marion

E

Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B.	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Eberwein, John H. (S)	Indianapolis	Marion
Ebin, Judah L.	Evansville	Vanderburgh
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	Tacoma, Wash.	St. Joseph
Edwards, Edward T.	Vincennes	Knox
Edwards, Henry G.	Terre Haute	Vigo
Edwards, William F.	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Middletown	Delaware-Blackford
Eggers, Ernest L. (S)	Hammond	Lake
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Ehrich, William S. (S)	Manning, S. Carolina	Vanderburgh
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells

Name	City	County
Eisenberg, David A.	Martinsville	Morgan
Eisenstein, Paul R.	South Bend	St. Joseph
Eisterhold, John A.	Evansville	Vanderburgh
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Ellett, John, Jr.	Coatesville	Putnam
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Thomas A.	Elkhart	Elkhart
Ellis, Charles R.	Indianapolis	Marion
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, Forrest D.	North Vernon	Jackson-Jennings
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W.	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Elshout, Clem H.	Michigan City	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W.	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emenhiser, Donald C.	New Haven	Allen
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emhardt, John W. A. (S)	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
Engleman, Reinhold	Fort Wayne	Allen
English, Hubert M. (S)	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L.	Dunkirk	Jay
Episcopo, Arsenius R.	Salem	Washington
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Ericksen, Lester G.	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Erwin, W. Robert	La Porte	La Porte
Eshelman, Henry R.	Monterey	Pulaski
Eskew, Kenneth W.	Sullivan	Sullivan
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	W. Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Everly, Stephan S.	Indianapolis	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewer, Robert W.	Evansville	Vanderburgh
Ewing, Nathaniel D.	Vincennes	Knox

F

Name	City	County
Fadell, Matthew J.	Gary	Lake
Fadul, Armand	Crown Point	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Faith, Ira L.	Evansville	Vanderburgh
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Farnsworth, Samuel A.	La Porte	La Porte
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farrell, Thomas E.	Kokomo	Howard
Farris, John J.	Washington	Daviess-Martin
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Hobart	Lake
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fechtman, William F.	Indianapolis	Marion
Fedor, Thomas A.	Monon	White
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin I.	East Chicago	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Ferguson, Arthur N.	Fort Wayne	Allen
Ferguson, Donald H.	Anderson	Madison
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferrell, Mars B.	Fortville	Madison
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Whiting	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fichman, Abraham M.	Fort Wayne	Allen
Fickas, Dallas	Evansville	Vanderburgh
Fiederlein, Frederick J.	Muncie	Delaware-Blackford
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Elkhart	Elkhart
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L.	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fisher, Gerald E.	Ippy, Central African Republic	Marion
Fisher, Henry	Marion	Grant
Fisher, John E.	Attica	Fountain-Warren
Fisher, John E.	New Castle	Henry
Fisher, Lawrence F. (S)	South Bend	St. Joseph
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, Walter S. (S)	Columbus	Bartholomew-Brown
Fisher, William C.	Evansville	Vanderburgh
Fitzgerald, Brice E.	W. Lafayette	Tippecanoe
Fitzgerald, William J.	Indianapolis	Marion
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Flack, Russell A.	Lafayette	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Estle P. (S)	Walton	Cass
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion

Name	City	County
Flick, John J.	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Francesville	Pulaski
Fogel, Ernest J.	Logansport	Cass
Folck, John K.	Princeton	Gibson
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Folkening, Norval C.	Indianapolis	Marion
Foltz, Lloyd E.	Brownsburg	Hendricks
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Robert S.	Indianapolis	Marion
Forbes, Violet Crabbe	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forry, Frank (S)	Spartanburg, S. Car.	Marion
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, Douglas L.	Philadelphia, Pa.	Lake
Foster, John A.	Indianapolis	Marion
Foster, Lee N.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, C. Philip	Washington	Daviess-Martin
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Lafayette	Tippecanoe
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	Homewood, Ill.	Lake
France, Lloyd C.	Plymouth	Marshall
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L.	South Bend	St. Joseph
Franke, Gordon R.	Fort Wayne	Allen
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franz, Sherman G.	Indianapolis	Marion
Frasch, Mahlon G.	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Freeborn, Warren S., Jr.	Oaklandon	Hancock
Freeby, C. William	Decatur	Adams
Freed, Carl A.	Indianapolis	Marion
Freed, John E., Jr.	Terre Haute	Vigo
Freeland, Bill E.	Batesville	Ripley
Freeman, Leslie W.	Indianapolis	Marion
Freeman, Max E.	Indianapolis	Marion
French, Richard N.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Frey, William B.	South Bend	St. Joseph
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	South Bend	St. Joseph
Froderman, Stanley E.	Indianapolis	Marion
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Indianapolis	Marion
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulper, James C.	Indianapolis	Marion
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Salem	Washington
Fundenberger, Martin	Indianapolis	Marion
Furr, Jack D.	Kingman	Fountain-Warren
Fuson, Wenfred J.	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gabrielsen, Ted H.	International P.O. Box 1192, Seoul, Korea	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Gailey, Ivan L.	Clinton	Parke-Vermillion
Galante, Vincent J.	Gary	Lake
Galbreth, Jesse P. (S)	Burnettsville	White
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Gary	Lake
Gambill, J. Randolph	Indianapolis	Marion
Gambill, William D.	Indianapolis	Marion
Gammieri, Robert L.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garceau, George J.	Indianapolis	Marion
Gard, Daniel A.	Crawfordsville	Montgomery
Gardiner, H. Glenn	Munster	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garling, Luvern C.	Muncie	Delaware-Blackford
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J.	Gas City	Grant
Garst, Garland R.	Evansville	Vanderburgh
Garton, Harry W. (S)	Fort Wayne	Allen
Garvin, Donald B.	Brazil	Clay
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gattman, George B.	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Geckler, Charles E.	Muncie	Delaware-Blackford
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisinger, Lewis N. (S)	Auburn	De Kalb
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Hale's Corners, Wisc.	Marion
Gentile, John P.	New Albany	Floyd

Name	City	County
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B.	Munster	Lake
Geyer, Joseph H.	New Albany	Floyd
Gibbs, Charles M. (S)	Warren	Hancock
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, Fred E.	Indianapolis	Marion
Gilbert, Robert G.	Tell City	Perry
Gill, Dee D.	Leesburg	Kosciusko
Gill, D. Richard	Huntington	Huntington
Gill, Thomas A.	Muncie	Delaware-Blackford
Gillen, Howard W.	Indianapolis	Marion
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland, John E.	Honduras, C. America	Marion
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M.	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Ginsberg, Stewart T.	Indianapolis	Marion
Giorgio, Douglas J.	Evansville	Vanderburgh
Girod, Arthur H.	Decatur	Adams
Gish, Howard M.	Brookston	Tippecanoe
Gitlin, Max M.	Bluffton	Wells
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Glackman, John C., Jr.	Rockport	Spencer
Gladstone, Naf H.	Fort Wayne	Allen
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, John L. (S)	Indianapolis	Marion
Glendening, Richard L.	Logansport	Cass
Glock, Maurice E.	Fort Wayne	Allen
Glock, Wayne R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, William J.	Gary	Lake
Goebel, Carl W.	Fort Wayne	Allen
Godersky, George E.	South Bend	St. Joseph
Gold, Marvin E.	Valparaiso	Porter
Goldbeck, Larry O.	Evansville	Vanderburgh
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenburg, Mitchell E.	Whiting	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph	Gary	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Good, Richard P.	Kokomo	Howard
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T.	Terre Haute	Vigo
Goodrum, William R.	Cayuga	Parke-Vermillion
Goodwin, Thomas	Gary	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Joseph L.	Wheeler	Porter
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Govorchin, Alexander	East Chicago	Lake
Graber, Benjamin R.	Waterloo	DeKalb
Graber, Martin J.	Berne	Adams
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Grangier, Bernard A.	Columbus	Bartholomew-Brown
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Vevay	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Daniel E.	Crown Point	Lake
Gray, Edwin H.	Elkhart	Elkhart
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon	Martinsville	Morgan
Gray, Mary Case	Elkhart	Elkhart
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Grayston, Wallace S. (S)	Huntington	Huntington
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F.	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, Louis T.	Evansville	Vanderburgh
Greene, Frederick G. (S)	Seelyville	Parke-Vermillion
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, Joseph A., Jr.	Avilla	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Albert F.	Connersville	Fayette-Franklin
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Eugene	Gary	Lake
Gregory, Robert L.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Gresham, Edwin L.	Aurora	Dearborn-Ohio
Grief, James V.	Indianapolis	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion

Name	City	County
Griffith, Thomas E.	Munster	Lake
Grillo, Donald	South Bend	St. Joseph
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C. H., Jr.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Grove, James H.	South Bend	St. Joseph
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Gumbert, Jack L.	Indianapolis	Marion
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Guthrie, William H.	Butlerville	Jackson-Jennings
Gutierrez, Peter E.	Crown Point	Lake
Gutstein, Richard R. (S)	Kendallville	Noble
Guttman, John B.	Wakarusa	Elkhart
Guzman, Marcelino F.	Morocco	Newton

H

Haas, Charles F.	Lafayette	Tippecanoe
Habegger, Elmer D.	Indianapolis	Marion
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Hadey, James H.	Gary	Lake
Hadley, David	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Haggard, David B.	Plainfield	Hendricks
Haggard, Edmund B.	Indianapolis	Marion
Haith, John W.	Gary	Lake
Halaby, Fouad A.	Fort Wayne	Allen
Hales, Robert E.	Roachdale	Montgomery
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E.	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Frank M.	Indianapolis	Marion
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halley, Robert	Gary	Lake
Hamer, Homer G. (S)	Indianapolis	Marion
Hamilton, Antha A.	Vevay	Jefferson-Switzerland
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R.	Mitchell	Lawrence
Hamilton, Orville G. (S)	Bluffton	Wells
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Gary	Lake
Hance, Darwood B.	Richmond	Wayne-Union
Hancock, John G.	Indianapolis	Marion
Haney, William K.	Madison	Jefferson-Switzerland
Hanley, Harriet F.	South Bend	St. Joseph
Hann, Eldon C.	Indianapolis	Marion
Hanna, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hansell, Robert M.	Indianapolis	Marion
Hanson, Martin F.	Elwood	Madison
Harcourt, Allan K.	Indianapolis	Marion
Harcourt, Robert S.	Indianapolis	Marion
Harden, Murray E.	W. Lafayette	Tippecanoe
Hardin, Wayne E.	Ossian	Wells
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S.	Indianapolis	Marion
Hardtke, Eldred F.	Bloomington	Owen-Monroe
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Harkness, Robert G. (S)	Terre Haute	Vigo
Harlan, William L.	Evansville	Vanderburgh
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harmon, Carl J.	Richmond	Wayne-Union
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrington, James F.	Logansport	Cass
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James C.	Indianapolis	Marion
Harris, Leo C.	New Albany	Floyd
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert F.	Noblesville	Hamilton
Harris, Robert L.	Evansville	Vanderburgh
Harrison, Benjamin L.	New Castle	Henry
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper	Rockville	Parke-Vermillion
Hart, L. Paul	Evansville	Vanderburgh
Hart, Robert B.	Columbus	Bartholomew-Brown
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Lakeville	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Emerson C., Jr.	Kokomo	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr.	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, Ezra R.	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh

Name	City	County
Hastings, Warren C.	Fort Wayne	Allen
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, C. Bishop	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Hausner, Murray M.	Terre Haute	Vigo
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hay, Gene R.	Michigan City	La Porte
Hayes, Frank W.	Fairfield, Calif.	Lake
Hayes, Jesse D.	East Chicago	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hays, Everett L. (S)	Indianapolis	Marion
Haywood, John G.	Noblesville	Hamilton
Headley, Lloyd M.	Lebanon	Boone
Healey, Robert J.	Indianapolis	Marion
Heard, Albert	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Heck, Martin C.	Jasper	Dubois
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Held, George A.	Jasper	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmen, Harry W. (S)	San Antonio, Texas	St. Joseph
Helmer, John F.	South Bend	St. Joseph
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Indianapolis	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Henderson, William P.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S.	Indianapolis	Marion
Hepburn, C. K.	Indianapolis	Marion
Hepner, Herman	Kendallville	Noble
Hepner, Herman S.	Bloomington	Owen-Monroe
Herd, Cloyn R.	Peru	Miami
Herendeen, Elbie V.	Rochester	Fulton
Heritier, C. Jules	Columbia City	Whitley
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio	Shelburn	Sullivan
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert	Indianapolis	Marion
Herr, John W. (S)	Tell City	Perry
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Herrold, George W.	Lafayette	Tippecanoe
Hershberger, Philip G.	Fort Wayne	Allen
Hershey, Ernest A. (S)	Churubusco	Whitley
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C.	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Indianapolis	Marion
Hetman, Mitchell J.	Westville	La Porte
Heubi, John E.	Indianapolis	Marion
Hibbeln, Thomas J.	Indianapolis	Marion
Hibbs, William G.	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Nolan A.	Monticello	White
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hickam, John B.	Indianapolis	Marion
Hickman, Donald M.	Fort Wayne	Allen
Hickman, Jack W.	Indianapolis	Marion
Hicks, Murwyn L.	Indianapolis	Marion
Hicks, Wilbur P.	Indianapolis	Marion
Hicks, William K.	Gary	Lake
Higgins, Jack W.	Kokomo	Howard
Higgins, James L.	Petersburg	Pike
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Gladys Marie	Richmond	Wayne-Union
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	South Bend	St. Joseph
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Westville	St. Joseph
Hilz, James M.	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M.	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, Archie V. (S)	Auburn	De Kalb
Hines, Don C.	Indianapolis	Marion
Hines, John H.	Auburn	De Kalb
Hippensteel, Harland	Auburn	De Kalb
Hippensteel, Russell R.	Culver	Marshall
Hipskind, Richard E.	Fort Wayne	Allen
Hirsch, Herman L.	Mt. Vernon	Posey
Hisrich, Lloyd W.	Batesville	Ripley
Hobbs, Arthur A.	Evansville	Vanderburgh
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodurski, Zigfield	Gary	Lake
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Doris	Vincennes	Knox
Hoffman, Herman	Indianapolis	Marion
Hoffman, Max N.	Covington	Fountain-Warren
Hofmann, J. William (S)	Indianapolis	Marion
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Warsaw	Kosciusko
Hoham, Frederick D.	Portage	Lake
Hoit, Leonard	Gary	Lake

Name	County	City
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Gary R.	New Market	Montgomery
Holladay, Lloyd J.	Lafayette	Tippecanoe
Holland, Deward J. (S)	Bloomington	Owen-Monroe
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Arlington, Va.	Marion
Hollenberg, Alfred E.	Hagerstown	Henry
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, Claude D. (S)	Coral Gables, Fla.	Clinton
Holmes, John L.	Muncie	Delaware-Blackford
Holsinger, Robert E.	Fort Wayne	Allen
Holtzman, Norman N.	Oak Park, Ill.	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hooker, Donald J.	Ligonier	Noble
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, L. H.	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	Indianapolis	Marion
Horwitz, Thomas	Indianapolis	Marion
Hoskins, Phillip A.	Ann Arbor, Mich.	Lake
Hostetler, Carl M.	Goshen	Elkhart
Hostetter, Irwin S.	Muncie	Delaware-Blackford
Houser, D. Stanley	South Bend	St. Joseph
Houshmand, Cyrus	Bloomington	Owen-Monroe
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovda, Richard B.	Evansville	Vanderburgh
How, Louis E.	South Bend	St. Joseph
Howard, James T.	Indianapolis	Marion
Howard, Joseph D.	Culver	Marshall
Howard, R. Brooks	Madison	Jefferson-Switzerland
Howard, Wm. Harry (S)	Hammond	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Hoyt, John M.	Kokomo	Howard
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Hudson, Foster J. (S)	Indianapolis	Marion
Huebner, Gilbert D.	Bluffton	Wells
Huffman, Galen C.	Bluffton	Wells
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, De Wayne L.	San Antonio, Texas	Marion
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	F.P.O., New York, N. Y.	Delaware-Blackford
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Edward M.	Covington	Fountain-Warren
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Fort Wayne	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunt, Gayle J.	Richmond	Wayne-Union
Hunt, H. Richard	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Hunter, Frank P. (S)	Lafayette	Tippecanoe
Hunter, Lowell G.	Lawrenceburg	Dearborn-Ohio
Huoni, John S.	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B.	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Munster	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutson, Richard A.	Indianapolis	Marion
Hutto, William H.	Kokomo	Howard
Hyde, Carroll C. (S)	South Bend	St. Joseph

I

Imhof, Joseph D.	Muncie	Delaware-Blackford
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Herbert H.	Shelbyville	Shelby
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irish, Wilbur J.	Gary	Lake
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart

J

Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, James W. (S)	Indianapolis	Marion
Jackson, John F.	Fort Wayne	Allen
Jackson, John K.	Aurora	Dearborn-Ohio
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Gary	Lake
James, Charles E.	Indianapolis	Marion
James, Nicholas A. (S)	Tell City	Perry
James, Thomas, Jr.	Huntington	Huntington
Jankowski, Ernest B.	South Bend	St. Joseph
Jaquith, Orville S. (S)	Indianapolis	Marion
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison

Name	City	County
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jehanyar, M. Ali	Monticello	White
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jinnings, Loren E.	Garrett	De Kalb
Jobes, James E.	Indianapolis	Marion
Johns, David R. (S)	Beloit, Wis.	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, Arnold L.	Gary	Lake
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Lonnie B. (S)	Gary	Lake
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William H.	Gary	Lake
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert G. (S)	Huntington	Huntington
Jolly, Lewis E.	Madison	Jefferson-Switzerland
Jolly, Wesley P. (S)	Richland	Spencer
Jones, Albert T.	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David M.	Lafayette	Tippecanoe
Jones, Edwin F.	Rensselaer	Jasper
Jones, Eli S. (S)	Hammond	Lake
Jones, Francis P.	Indianapolis	Marion
Jones, George L.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, Harold N.	Boston, Mass.	Lake
Jones, Horace E.	Anderson	Madison
Jones, J. Carl	Logansport	Cass
Jones, King S.	Michigan City	La Porte
Jones, Lawrence R.	Greencastle	Putnam
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Indianapolis	Marion
Jowitt, Richard H.	Indianapolis	Marion
Judd, Donald R.	Muncie	Delaware-Blackford
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo

K

Kabel, Robert N.	Terre Haute	Vigo
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kaltenthaler, Albert	Gary	Lake
Kamen, Jack M.	Gary	Lake
Kamm, Bernard A.	South Bend	St. Joseph
Kammen, Leo	Indianapolis	Marion
Kammen, Robert	Fresno, Calif.	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kammer, Walter F.	Muncie	Delaware-Blackford
Kantzer, Floyd B.	Garrett	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karlick, Joseph R.	Arcadia	Hamilton
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Madison	Jefferson-Switzerland
Karol, Herbert J.	Fort Wayne	Allen
Karsell, Philip R.	Indianapolis	Marion
Karsell, William A.	Indianapolis	Marion
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kauffman, Nelson N.	Indianapolis	Marion
Kaufman, Julian R.	Fort Wayne	Allen
Kay, Oran E.	Spencer	Owen-Monroe
Keating, John U.	Elkhart	Elkhart
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton A.	Fort Wayne	Allen
Keeling, Forrest E.	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keever, Charles H.	Indianapolis	Marion
Keiser, Venice D. (S)	Indianapolis	Marion
Kellar, Philip E.	Hobart	Lake
Kelley, William E.	Bloomington	Owen-Monroe
Kelly, Don E.	Indianapolis	Marion
Kelly, Frank (S)	Argos	Marshall
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kelsey, Robert M., Jr.	La Porte	La Porte
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Rockville	Parke-Vermillion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Richmond	Wayne-Union
Kendrick, Frank J.	Gary	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kennedy, Walter U. (S)	New Castle	Henry
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kenoyer, Wilbur L.	New York, N. Y.	Marion
Kenwick, Anthony N.	Glenwood, Ill.	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil	Cambridge City	Wayne-Union
Kenzler, Jack I.	Indianapolis	Marion
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, Robert W.	La Porte	La Porte
Keplinger, James E.	W. Lafayette	Tippecanoe
Kepner, Robert S.	Chesterfield	Madison
Kercheval, John M.	Clinton	Parke-Vermillion
Kern, Clarence G.	Lebanon	Boone
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R.	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Keseric, N. E.	French Lick	Orange

Name	City	County
Kesim, Mufit H.	Elkhart	Elkhart
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, Jane M. (S)	Indianapolis	Marion
Ketcham, John S. (S)	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Khaton, Odessa M.	Gary	Lake
Kidd, James G. (S)	Jefferson, Wis.	Wabash
Kidder, Orva T.	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kieffer, William J.	South Bend	St. Joseph
Kielton, Melvyn J.	Elkhart	Elkhart
Kiely, John T.	Anderson	Madison
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Joon S.	Muncie	Delaware-Blackford
Kim, Young D. (S)	Beech Grove	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kime, Charles E.	Richmond	Wayne-Union
Kime, Edwin N. (S)	Bloomington	Marion
Kimmel, George E.	Evansville	Vanderburgh
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D.	New Richmond	Montgomery
King, Charles R.	Anderson	Madison
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Robert W.	Cedar Lake	Lake
Kingsbury, John K. (S)	Indianapolis	Marion
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirklin, Oren L.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kistler, James J.	La Porte	La Porte
Kistner, Arthur W.	Elkhart	Elkhart
Kitt, Walter	Munster	Lake
Kitterman, Harry E.	Indianapolis	Marion
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kleopfer, Ronald G.	Indianapolis	Marion
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe
Klingerman, John J.	Indianapolis	Marion
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Indianapolis	Marion
Kmak, Chester J.	East Chicago	Lake
Knapp, Arthur L. (S)	South Bend	St. Joseph
Kneidel, John H.	Indianapolis	Marion
Knight, Lewis W.	Fort Wayne	Allen
Knochel, Wayne L.	Rochester	Fulton
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knotts, Halleck S.	Columbus	Bartholomew-Brown
Knotts, Slater	Columbus	Jackson-Jennings
Knowles, Charles Y.	Indianapolis	Marion
Knowles, Robert P.	Indianapolis	Marion
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Kochell, Richard L.	Lafayette	Tippecanoe
Koehler, Elmer G.	Elkhart	Elkhart
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolettis, John G.	Gary	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M. (S)	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	East Chicago	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kremp, Richard E.	Indianapolis	Marion
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Kruse, Walter E. (S)	Fort Wayne	Allen
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Munster	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Munster	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, Joseph (S)	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

L

LaBier, Clarence R., Jr.	Terre Haute	Vigo
Lackey, John T.	Indianapolis	Marion
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaDuron, Jules F. (S)	Muncie	Delaware-Blackford
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B.	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion

Name	City	County
Lamber, Chet K.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Francis L.	Fort Wayne	Allen
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Erich K.	Indianapolis	Marion
Lang, Jay W.	Indianapolis	Marion
Langohr, John L.	Columbia City	Whitley
Langsam, Charles L.	Evansville	Vanderburgh
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lansford, Kenneth G.	La Porte	La Porte
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
Larzelere, Henry B.	Marion	Grant
Larson, Goyt O.	La Porte	La Porte
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr.	Wabash	Wabash
Lashmet, Michael H.	Indianapolis	Marion
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lavengood, Russell W.	Marion	Grant
Lawler, George F.	Venice, Florida	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrance, Kingsley	Indianapolis	Marion
Lawrence, Gene C.	Indianapolis	Marion
Lawrence, John O.	Michigan City	La Porte
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Isaac H. (S)	Kendallville	Noble
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahey, J. H.	Gary	Lake
Leahy, Howard J.	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leasure, J. Kent (S)	Indianapolis	Marion
Leatherman, Harter L.	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Emery W.	Bluffton	Wells
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmberg, Otto F. C.	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leipold, Jon D.	Norfolk, Va.	Delaware-Blackford
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leroy, Alvin G.	Alexandria	Madison
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Eli L. (S)	East Chicago	Lake
Levkoff, Abner H.	South Bend	St. Joseph
Lewis, Earl T.	Evansville	Vanderburgh
Lewis, George N.	Gary	Lake
Lewis, James F.	Liberty	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, R. Earl	Indianapolis	Marion
Lewis, Robert J.	Lawrence	Marion
Lewis, W. Richard	Gary	Lake
Ley, Glen D.	Bedford	Lawrence
Libbert, Edwin L.	Columbus	Bartholomew-Brown
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lindenborg, Paul G.	Indianapolis	Marion
Lindgren, Ivan T.	Lawrenceburg	Dearborn-Ohio
Lindsay, Hamlin B.	Washington	Daviess-Martin
Ling, John F.	Richmond	Wayne-Union
Lingeman, Byron N.	Crawfordsville	Montgomery
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Gary	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W.	Anderson	Madison
Liu, Hsiang M.	Whiting	Lake
Llamas, Dominardo	North Judson	Pulaski
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Loehr, William M.	Indianapolis	Marion
Loewenstein, Werner L.	Terre Haute	Vigo
Logan, James Z.	Richmond	Wayne-Union
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Long, Keith J.	Hammond	Lake
Long, Malcolm D.	Indianapolis	Marion
Long, Max R.	Marion	Grant
Long, Michael T.	San Diego, Calif.	Marion
Long, Paul L.	Anderson	Madison
Longshore, Robert E.	Kokomo	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S.	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Highland	Lake
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Colorado Springs, Colo.	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Louden, Robert W.	Indianapolis	Marion

Name	County	City
Loudermilk, Jack L.	Fort Wayne	Allen
Love, George N.	Indianapolis	Marion
Love, V. Logan	Marion	Grant
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Luce, John W.	Michigan City	LaPorte
Luckett, Coen L. (S)	Terre Haute	Vigo
Ludwig, Paul E.	Crawfordsville	Montgomery
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John	Jasper	Dubois
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Lurie, Paul R.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Georgianna	Gary	Lake
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynch, William A.	APO, New York, N. Y.	Marion
Lynn, Gene E.	Indianapolis	Marion
Lyon, Florence M.	Portland	Jay
Lyon, William C.	Fort Wayne	Allen
Lyons, L. Mason	Terre Haute	Vigo
Lyons, Robert E.	Bloomington	Owen-Monroe
Lytwakiwsky, Anatol	Gary	Lake

M

MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
McAdams, Hugh B.	Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, James R.	Lebanon	Boone
McAleese, George B.	Terre Haute	Vigo
McAlpine, Richard J.	Indianapolis	Marion
McArdle, Edward G.	Fort Wayne	Allen
McAree, Francis E., Jr.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, James S. (S)	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Joseph T. C. (S)	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCammon, Robert E.	Indianapolis	Marion
McCarthy, Daniel F., Jr.	New York, N. Y.	Marion
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil	Princeton	Gibson
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McClure, Clark	Knox	Starke
McClure, Glen	Sullivan	Sullivan
McClure, Morris E.	Union City	Randolph
McClure, Stanley E.	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCormack, Lloyd L.	Fremont	Steuben
McCormick, Charles O., Jr.	Indianapolis	Marion
McCormick, Hubert D. (S)	Vincennes	Knox
McCormick, Wilbur C.	Brazil	Clay
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFarland, Corley B.	South Bend	St. Joseph
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McGuire, D. F. (S)	East Chicago	Lake
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, Wilbert	Riley	Vigo
McIntyre, Charles J. (S)	Indianapolis	Marion
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeeman, Donald H.	Fort Wayne	Allen
McKeever, Joseph W.	Marion	Grant
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H.	Lafayette	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLain, Clarence R., Jr.	Kettering, Ohio	Marion
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R.	Flora	Carroll
McMahan, Virgil C.	Tampa, Fla.	Knox
McMath, Samuel B.	Gary	Lake
McMeel, James	South Bend	St. Joseph
McMichael, Frank J. (S)	Hernando, Fla.	Lake
McNabb, George B. (S)	Carthage	Rush
McNabb, Richard C.	Carthage	Rush
McNaughton, Lawrence	Washington	Daviess-Martin
McNeely, Matthew J.	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPherson, Thomas C.	Evansville	Vanderburgh
McPike, Joseph D.	Bedford	Lawrence
McQuiston, Ralph J.	Indianapolis	Marion
McTurnan, Robert W.	Indianapolis	Marion
McVey, Clarence A. (S)	Hammond	Lake
McWilliams, William B.	Liberty	Wayne-Union
Machledt, John H.	Greenwood	Johnson
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown

Name	City	County
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Indianapolis	Marion
Mader, John H.	Richmond	Wayne-Union
Madtson, A. Ricks	Indianapolis	Marion
Magennis, Herbert L. (S)	Indianapolis	Marion
Mahank, Camiel C.	Mishawaka	St. Joseph
Mahoney, Charles L.	Terre Haute	Vigo
Majsterek, Stanley L.	Crown Point	Lake
Makovsky, Theodore	Valparaiso	Porter
Malcolm, Russell L.	Richmond	Wayne-Union
Malloy, Francis E., Jr.	East Chicago	Lake
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Miami
Malouf, Stephen D. (S)	Peru	Miami
Manalan, Maurice M.	Indianapolis	Marion
Manalo, Francisco S.	Gary	Lake
Manders, Karl L.	Indianapolis	Marion
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Paoli	Orange
Mansueto, Mario D.	Munster	Lake
Manzie, Michael W.	Indianapolis	Marion
Maple, James B. (S)	Sullivan	Sullivan
Marchand, Edwin V.	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Emanuel	Hammond	Lake
Marcus, Morris C. (S)	Gary	Lake
Maris, Lee J.	Attica	Fountain-Warren
Mark, George A.	Elkhart	Elkhart
Markle, Joseph G.	Hobart	Lake
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Maurice I.	Washington, D. C.	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Markstone, David H.	Indianapolis	Marion
Maroc, James A.	Munster	Lake
Marquinez, Adoracion	East Chicago	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marsh, M. Frederick	Fort Wayne	Allen
Marshall, Albert L., Jr.	Indianapolis	Marion
Marshall, Caesar L.	Fort Wayne	Allen
Marshall, Cavins R. (S)	Indianapolis	Marion
Marshall, Millard R.	Gary	Lake
Marshall, Thos. J. (S)	Charlestown	Clark
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Charles E. (S)	Lynn	Randolph
Martin, Charles F., Jr.	Minneapolis, Minn.	St. Joseph
Martin, Charles F.	Elkhart	Elkhart
Martin, Floyd S.	Goshen	Elkhart
Martin, Hugh E.	Indianapolis	Marion
Martin, Joe M.	W. Lafayette	Tippecanoe
Martin, Loren H.	Indianapolis	Marion
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martirez, N. A.	East Chicago	Lake
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Indianapolis	Marion
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Millersburg	Elkhart
Masters, John M.	Indianapolis	Marion
Masters, Robert J. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Mathys, Alfred (S)	Louisville, Ky.	Harrison-Crawford
Matthew, John R.	Westville	La Porte
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J.	Indianapolis	Marion
Matthews, William M.	Indianapolis	Marion
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauricio, Amado S. A.	Rising Sun	Dearborn-Ohio
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Indianapolis	Marion
Maxwell, Sam B.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, William D.	Rockville	Parke-Vermillion
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Gary	Lake
Mead, Frank E.	La Porte	La Porte
Mealey, John, Jr.	Indianapolis	Marion
Medcalf, Norman L. (S)	Lamar	Spencer
Megenhardt, Dennis S.	Indianapolis	Marion
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiks, Lyman T.	Indianapolis	Marion
Meiser, Robert D.	Huntington	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendez, Carlos	Westville	La Porte
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Meredith, Elwood J.	Richmond	Wayne-Union
Mericle, Earl W.	Indianapolis	Marion
Merritt, A. Donald	Indianapolis	Marion
Merritt, Doris H.	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, Henry O. (S)	Atlanta, Ga.	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W.	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude	Sellersburg	Clark
Meyer, Hans	Westville	La Porte
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion

Name	City	County
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O	Bloomington	Owen-Monroe
Miethke, Richard P.	Anderson	Madison
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Millan, Felix	Indianapolis	Marion
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Donald G.	Elkhart	Elkhart
Miller, Edward D.	Fort Wayne	Allen
Miller, Ebbo H.	Valparaiso	Porter
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Mahlon F.	Fort Wayne	Allen
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Milo K. (S)	South Bend	St. Joseph
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Huntington	Huntington
Miller, William A.	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller, William J.	Lafayette	Tippecanoe
Milleson, Ann L. M.	Terre Haute	Vigo
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Wabash	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Minczewski, Richard C.	Gary	Lake
Minich, William G.	Newport	Parke-Vermillion
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Mirich, Ernest C.	Gary	Lake
Mirro, John A.	Lowell	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Irving	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, John R.	Terre Haute	Vigo
Mitchell, George H.	Indianapolis	Marion
Mitchell, George L. (S)	Smithville	Owen-Monroe
Mitchell, Georgia B.	Gary	Lake
Mitchell, John B.	Evansville	Vanderburgh
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Modjeski, Joseph R.	Hammond	Lake
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Molengraft, Cornelius J.	Gary	Lake
Moleski, Walter L.	Griffith	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Crown Point	Lake
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, Samuel B. (S)	Cynthiana	Posey
Montgomery, William F.	Indianapolis	Marion
Moon, Charles E.	Center Point	Clay
Moore, Donald F.	Indianapolis	Marion
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G.	Vincennes	Knox
Moore, Thomas C.	Muncie	Delaware-Blackford
Moore, William C. (S)	Muncie	Delaware-Blackford
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moran, William J.	Indianapolis	Marion
Moravec, Arthur E.	Fort Wayne	Allen
Morchan, Samuel	Indianapolis	Marion
Morey, Edwin E.	Fort Wayne	Allen
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, Russell J.	Logansport	Cass
Morris, Hyman R.	Gary	Lake
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrison, William R. (S)	Kokomo	Howard
Morrow, Robert J.	Bedford	Lawrence
Mortenson, Leland J.	Fort Wayne	Allen
Morton, David P.	Westville	La Porte
Morton, Joseph L.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H.	Hollywood, Fla.	Marion
Moses, George E.	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moss, Mavor J.	Yorktown	Delaware-Blackford
Moswin, Jack A.	Gary	Lake
Mothersill, Mark H. (S)	Indianapolis	Marion

Name	City	County
Mott, Cassell A. (S)	South Bend	St. Joseph
Mott, William H.	Gary	Lake
Moulton, Lillian G.	Evansville	Vanderburgh
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F.	Evansville	Vanderburgh
Mullen, James B.	Indianapolis	Marion
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Murdock, Harvey L. (S)	Fort Wayne	Allen
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Eugene C.	South Bend	St. Joseph
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph
Murphy, Mary M.	Indianapolis	Marion
Murray, Ernest C.	Kokomo	Howard
Murray, James S.	Camarillo, Calif.	Marion
Murray, William E.	New Castle	Henry
Musselman, Glen G.	Terre Haute	Vigo
Musselman, Lawrence K.	Marion	Grant
Myer, Claude	Sellersburg	Clark
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	South Bend	St. Joseph
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion

N

Nagan, Robert F.	Indianapolis	Marion
Nason, Robert A.	Garrett	De Kalb
Nasser, William K.	Indianapolis	Marion
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Ernest O. (S)	Terre Haute	Vigo
Nay, Richard M.	Indianapolis	Marion
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Scottsburg	Scott
Nedelkoff, Bogdan	New Albany	Floyd
Neece, Gus W.	Muncie	Delaware-Blackford
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, John W.	Memphis, Tenn.	Marion
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nenneker, Henry (S)	Evansville	Vanderburgh
Nesbit, Leonard L.	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert J.	Vincennes	Knox
Nichols, William F.	Indianapolis	Marion
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nigh, Rufus M.	Fairland	Shelby
Nill, John H.	Fort Wayne	Allen
Nixon, Byron	Farmland	Randolph
Noblitt, James S. (S)	Rockville	Parke-Vermillion
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolan, Robert B.	Zionsville	Marion
Nolin, Richard T.	Indianapolis	Marion
Nolting, Henry F. (S)	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Noonan, Leo C.	Valparaiso	Porter
Norman, William H.	Indianapolis	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
Norton, Harold J.	Columbus	Bartholomew-Brown
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Noveroske, Richard J.	Princeton	Gibson
Novy, Charles A.	Garrett	De Kalb
Nugen, Harold	Auburn	De Kalb
Nugent, Edwin J.	Indianapolis	Marion
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush

O

Oak, David D., Jr.	Hanna	La Porte
Oak, David D., Sr. (S)	LaCrosse	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ochsner, Harold C., Jr.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Connell, Noreen M.	Indianapolis	Marion
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Gary	Lake
Olvey, Ottis N.	Indianapolis	Marion
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
Onderak, Edward P.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Gary	Lake

Name	City	County
O'Rourke, Carroll	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Westville	La Porte
Osterman, Louis H. (S)	Seymour	Jackson-Jennings
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overley, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overmire, Joseph E.	Columbus	Bartholomew-Brown
Overpeck, Charles (S)	Greensburg	Decatur
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E.	Indianapolis	Marion
Owen, Margaret T.	Bloomington	Owen-Monroe
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford

P

Pace, Jerome V.	Indianapolis	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Pairitz, Frank D.	South Bend	St. Joseph
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Indianapolis	Marion
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Panares, Solomon V.	Hammond	Lake
Pancost, Vernon K.	Elkhart	Elkhart
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Pappas, Eddie T.	Gary	Lake
Paras, Jose L.	Batesville	Ripley
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr.	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John B.	Versailles	Ripley
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Daniel B.	Gary	Lake
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Paskind, Jacob	Indianapolis	Marion
Passino, James W.	Connersville	Fayette-Franklin
Pastor, Julius W.	Evansville	Vanderburgh
Patterson, Jack W.	Fort Wayne	Allen
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Paulissen, George T.	Indianapolis	Marion
Paulsen, Suzanne M.	Terre Haute	Vigo
Pauly, Leonard R.	Fort Wayne	Allen
Pauszek, Thomas B.	South Bend	St. Joseph
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B.	Southport	Marion
Paz, Luis	Shelbyville	Shelby
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Roy V.	Terre Haute	Vigo
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R.	Clearwater, Fla.	Marion
Pearson, William E.	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr.	Indianapolis	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Indianapolis	Marion
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettijohn, Fred L. (S)	Indianapolis	Marion
Pettis, Arthur G.	Gary	Lake
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A.	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, John F.	Bluffton	Wells
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K.	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, Raymond O.	Indianapolis	Marion
Pierce, William J.	Vincennes	Daviess-Martin
Pierson, Howard	Gary	Lake
Pierson, Pearl H.	Silver Lake	Kosciusko
Pierson, Robert H.	Crawfordsville	Montgomery
Pierson, Thomas A.	New Palestine	Hancock
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pilcher, Jack E.	Indianapolis	Marion
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte

Name	City	County
Pilot, Jean	Hammond	Lake
Pippenger, Joseph I.	Muncie	Delaware-Blackford
Pippenger, Wayne G.	Muncie	Delaware-Blackford
Pirkle, Hubert B.	Rockville	Parke-Vermillion
Pitkin, McKendree C.	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George	South Bend	St. Joseph
Plain, George L.	South Bend	St. Joseph
Plank, Charles R.	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Plott, Dwight M.	San Diego, Calif.	Marion
Ploughe, Ralph R.	Elwood	Madison
Poehler, Fred C.	La Fontaine	Wabash
Poland, Maynard D.	Ft. Bragg, N. Carolina	Marion
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Poncher, John R.	Valparaiso	Porter
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Gary	Lake
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Edward A. (S)	Westport	Decatur
Porter, George S.	Richmond	Wayne-Union
Porter, Jack	Lebanon	Boone
Porter, Robert A.	Indianapolis	Marion
Portney, Fred R.	Munster	Lake
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Prather, Philip E.	Kokomo	Howard
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Premuda, Franklin F.	Hammond	Lake
Prentiss, Nelson H.	Oteen, N. C.	Allen
Present, Julian D.	Evansville	Vanderburgh
Price, Ambrose M.	Anderson	Madison
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Shirley G.	Evansville	Vanderburgh
Price, Walter S.	Indianapolis	Marion
Priddy, Marvin E.	Fort Wayne	Allen
Priebe, Fred H.	Indianapolis	Montgomery
Proudfit, Charles H.	South Bend	St. Joseph
Province, William D.	Franklin	Johnson
Pruitt, Jacob E.	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pu, Pin H.	Terre Haute	Vigo
Pugh, Willis L.	Evansville	Vanderburgh
Pulskamp, Bertrand H.	Wolcottville	Noble
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E.	Albany	Delaware-Blackford
Pyle, Harold D.	South Bend	St. Joseph

Q

Quiambao, Hector S.	Ridgeville	Randolph
Quick, William J.	Muncie	Delaware-Blackford
Quigley, Joseph B.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart
Quitasol, Zoilo A., Jr.	Michigan City	La Porte

Name	City	County

R

Rabb, Aaron	Louisville, Ky.	Marion
Rabb, Frank M.	Indianapolis	Marion
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Gary	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Ramage, Walter F.	Beech Grove	Marion
Ramey, John W. (S)	Kokomo	Howard
Ramker, Daniel T.	Hammond	Lake
Ramos, John C.	East Chicago	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Randall, Thomas A.	Indianapolis	Marion
Raney, Ben B.	Linton	Greene
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Ransburg, Robert C.	Indianapolis	Marion
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, L. D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Warren	Huntington
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Read, John E.	Chesterton	Porter
Records, Arthur W.	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, John J.	Hobart	Lake
Reed, John D.	Fort Wayne	Allen
Reed, Nelle C. (S)	Michigan City	La Porte
Reed, Philip B.	Indianapolis	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Plymouth	Marshall
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Whiting	Lake
Reed, Thomas E.	Indianapolis	Marion
Reeder, Henry H. (S)	Jeffersonville	Clark
Rees, Russel C.	Indianapolis	Marion
Reese, Jay S.	Martinsville	Morgan
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Columbus	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reilly, Eva F.	Beech Grove	Marion
Reilly, James F.	Vincennes	Knox
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Hammond	Lake
Renbarger, Lester L.	Marion	Grant
Rench, Michael J.	F.P.O., Seattle, Wash.	Delaware-Blackford

Name	City	County
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Mexico	Miami
Reno, Edward C.	Plymouth	Marshall
Repay, Walter A.	Hammond	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reuter, John W.	Bedford	Lawrence
Reynolds, James S.	Gary	Lake
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rhamy, Arthur P.	Marion	Grant
Rhamy, Donald E.	Indianapolis	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W.	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhodes, Theodore D.	Sarasota, Fla.	Marion
Rhorer, Herbert M. (S)	Kokomo	Howard
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Ricchetti, Warren F.	Lafayette	Tippecanoe
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rice, Ronald B.	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Shelbyville	Shelby
Richards, Alan D.	Fort Wayne	Allen
Richards, Edgar E.	Russellville	Montgomery
Richardson, Charles L.	Rochester	Fulton
Richardson, Joseph D.	Rochester	Fulton
Richardson, Joseph H.	Marion	Grant
Richardson, Thad T.	Indianapolis	Marion
Richart, James V.	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Gary	Lake
Ricketts, Joseph W. (S).	Ormond Beach, Fla.	Marion
Ridgway, Alton H.	Lapel	Madison
Ridolfo, Anthony S.	Indianapolis	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	Miami Shores, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Rigley, Edward L.	South Bend	St. Joseph
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Oklahoma City, Okla.	Marion
Rimel, James F.	Plymouth	Marshall
Rinehart, James J.	Kokomo	Howard
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Attica	Fountain-Warren
Rinne, John I. (S)	Lapel	Madison
Riordan, John F.	Gary	Lake
Ripley, John W.	Seymour	Jackson-Jennings
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, Richard F.	Westville	La Porte
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W.	Franklin	Johnson
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivers, Glynn A.	Muncie	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Roberts, Billy J.	South Bend	St. Joseph
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James S.	Plymouth	Marshall
Robertson, Ray B.	Indianapolis	Marion
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U., Jr.	Indianapolis	Marion
Robinson, Frank C. (S)	Newport Beach, Calif.	Marion
Robinson, Nan	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Walter K.	Gary	Lake
Roby, Alma L.	Jeffersonville	Clark
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Fort Wayne	Allen
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, Otto F., Jr.	Bloomington	Owen-Monroe
Rogers, R. Shirrell	West Terre Haute	Vigo
Rogers, Thomas P.	La Jolla, Calif.	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	La Porte
Rohrer, James R.	Elnora	Daviess-Martin
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	W. Lafayette	Tippecanoe
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H.	W. Lafayette	Tippecanoe
Roof, Roger S.	Spencer	Owen-Monroe
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Rosato, Edward J.	Evansville	Vanderburgh
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J.	Gary	Lake
Rosenheimer, George M.	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosero, M. George	Culver	Marshall
Rosevear, Henry J.	Munster	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R.	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Rossiter, Dudley L. (S)	Fort Wayne	Allen
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Roth, Melvin I.	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rougraff, Maurice E.	Indianapolis	Marion
Rourke, Robert F.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Row, Perrie Q.	Hammond	Lake

Name	City	County
Rowe, Howard H.	Rochester	Fulton
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Milton M.	Terre Haute	Vigo
Rubin, Simon S.	Gary	Lake
Rubright, Robert L.	Munster	Lake
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max	Kokomo	Howard
Rudolph, Carl J.	South Bend	St. Joseph
Rudolph, Franklin G.	Munster	Lake
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, Stephen J., Jr.	APO 235, San Francisco	Marion
Rudser, Donald H.	Whiting	Lake
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rupper, Warren R.	Evansville	Vanderburgh
Rusche, Henry J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Bluffton	Wells
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren
Rusler, William J.	Rochester	Fulton
Russell, Henry T.	W. Lafayette	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K.	Big Pine Key, Fla.	Marion
Rust, Roland B.	Indianapolis	Marion
Ruth, Martin L.	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Indianapolis	Marion
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J.	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown

S

Sabens, James A.	Scottsburg	Scott
Sacks, Leonard Z.	Valparaiso	Porter
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A.	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salb, John P.	Jasper	Dubois
Salb, Leo A. (S)	Jasper	Dubois
Salb, Max C.	Kuttawa, Ky.	Marion
Salon, Harry W.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L.	Fort Wayne	Allen
Salsburg, Herbert E.	Westville	La Porte
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	Indianapolis	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanders, Jesse A. (S)	Auburn	De Kalb
Sanders, Marilyn M.	Indianapolis	Marion
Sanders, Roma J.	Indianapolis	Marion
Sanderson, Robert B.	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H.	South Bend	St. Joseph
Santare, Vincent J.	Munster	Lake
Santiago, Iluminada	Highland	Lake
Saperstein, Morris	Indianapolis	Marion
Sappenfield, Ralph S.	Indianapolis	Marion
Sarver, Francis E.	Fort Wayne	Allen
Savage, Arthur R.	Fort Wayne	Allen
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B.	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D.	Jamestown	Boone
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Scharbrough, Wm. D.	Ewing	Jackson-Jennings
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Galveston, Texas	Marion
Scheier, Emil W.	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schellhouse, Earl M.	Chillicothe, Ohio	Allen
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Schermer, Kenneth L.	Indianapolis	Marion
Scherschel, John P.	Bedford	Lawrence
Scheurich, Virgil	Oxford	Benton
Schiffer, Eva M.	Indianapolis	Marion
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmiedicke, Paul H.	W. Lafayette	Tippecanoe
Schmitt, Richard K.	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Munster	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Marvin C.	Rushville	Rush
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schott, Edward J. (S)	Terre Haute	Vigo
Schreiner, John E.	Bremen	Marshall

Name	City	County
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R., Jr.	Washington	Daviess-Martin
Schroeder, Robert W.	Marion	Grant
Schubert, Jerome C.	Fort Wayne	Allen
Schuchman, Abe	Los Angeles, Calif.	Marion
Schuchman, Gabriel	Indianapolis	Marion
Schuerich, Virgil	Oxford	Benton
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Bloomington	Owen-Monroe
Schulz, Kurt J.	Gary	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuman, Edith B.	Bloomington	Owen-Monroe
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Schwarz, Anton	Indianapolis	Marion
Schwarz, Mandel	Gary	Lake
Scofield, John B.	Indianapolis	Marion
Scoins, William H.	Fort Wayne	Allen
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Charlottesville	Hancock
Scott, Robert P.	Indianapolis	Marion
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Gary	Lake
Scully, William E.	Terre Haute	Vigo
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Sears, Murray M. (S)	Elkhart	Elkhart
Seat, Marshall H.	Washington	Daviess-Martin
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Segar, William E.	Indianapolis	Marion
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	South Bend	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Senese, Thomas J.	Gary	Lake
Sennett, Cecil M. (S)	Westville	La Porte
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Serna, Carlos A.	Munster	Lake
Serna, Jesus A.	East Chicago	Lake
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G.	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W.	Noblesville	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Hammond	Lake
Shapiro, Seymour W.	East Chicago	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Gordon	Gary	Porter
Shaw, Houston W.	Jeffersonville	Clark
Shaw, James E.	Fort Wayne	Allen
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Indianapolis	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shellhouse, Michael	Gary	Lake
Shelton, Clyde F.	New Albany	Floyd
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, So. Dakota	Allen
Sherwood, J. Vincent	Pinella Park, Fla.	Allen
Shevick, Alexander	Gary	Lake
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi S.	Charlestown	Clark
Shinabery, Lawerence	Fort Wayne	Allen
Shipley, Edward	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John T. (S)	Fort Wayne	Allen
Shoup, Homer B. (S)	Greentown	Howard
Showalter, John P.	Angola	De Kalb
Showalter, John R.	Terre Haute	Vigo
Shrader, Carl E.	Warsaw	Kosciusko
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shrock, Ethan E.	Amboy	Miami
Shroyer, Herbert L.	Dunkirk	Jay
Shuck, William A.	Madison	Jefferson-Switzerland
Shugart, Robert R.	Fort Wayne	Allen
Shullenberger, Wendell A.	Indianapolis	Marion
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	De Kalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidel, Alan W.	Indianapolis	Marion
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Siler, George B.	Whiting	Lake
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo

Name	City	County
Silvers, Michael	N. Manchester	Wabash
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Simmons, Lloyd H. (S)	Goshen	Elkhart
Simms, J. Leon	Indianapolis	Marion
Simpson, William D.	Raleigh, N. Carolina	Marion
Sims, J. Lawrence	Indianapolis	Marion
Singco, Bienvenido	Greenfield	Hancock
Singer, Elmer C. (S)	Fort Wayne	Allen
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skeen, Earl D. (S)	South Bend	Lake
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Skrentny, Thomas T.	Spencer	Owen-Monroe
Slama, George F.	Gary	Lake
Slama, John T.	Gary	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Sloan, Herbert P.	Jeffersonville	Floyd
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Slomka, Myron B.	New York, N. Y.	Marion
Slough, O. Thomas	Indianapolis	Noble
Slough, Richard R.	Kendallville	Noble
Sluss, David H.	Indianapolis	Marion
Smith, A. Wilson	Greencastle	Putnam
Smith, Barton T.	Marion	Grant
Smith, Byron J.	Kingman	Fountain-Warren
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David L.	Indianapolis	Marion
Smith, E. Rogers (S)	Indianapolis	Marion
Smith, Francis C.	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gloster J.	Kokomo	Howard
Smith, Gordon L.	Evansville	Vanderburgh
Smith, Herbert N.	Brookville	Fayette-Franklin
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, James S.	Muncie	Delaware-Blackford
Smith, Jerald E.	Munster	Lake
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Robert D.	Lowell	Lake
Smith, R. Lee	Osgood	Ripley
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, S. Joseph	Vincennes	Knox
Smith, Stephen D.	Knightstown	Rush
Smith, Stephen M.	Miami, Fla.	Marion
Smith, Theodore J.	Whiting	Lake
Smith, William M.	Westville	La Porte
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank	Wabash	Wabash
Snapp, Richard A.	Columbus	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snider, Byron	Escondido, Calif.	Marion
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Greenwood	Johnson
Snowhite, Arthur B.	Marion	Grant
Snyder, Jerome A.	Munster	Lake
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyderman, Sanford C.	Fort Wayne	Allen
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Whiting	Lake
Solis, Roger V.	Hammond	Lake
Solomon, Reuben A. (S)	Indianapolis	Marion
Somers, Gerald H.	Fort Wayne	Allen
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorg, David A.	Bluffton	Wells
Sorrells, George W.	Bedford	Lawrence
Souder, Bonnell M. (S)	Auburn	De Kalb
Souter, Martha C.	Indianapolis	Marion
Southard, Carl B.	Noblesville	Hamilton
Southard, James E.	Danville	Hendricks
Sovine, Joe W.	Indianapolis	Marion
Spahr, Donald E.	Portland	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spalding, David L.	Washington, D. C.	Marion
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S.	Kokomo	Howard
Spangler, John S.	Indianapolis	Marion
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Speckman, Glenn H.	Indianapolis	Marion
Speer, Thomas A.	Gary	Lake
Spellman, Frank W.	Gary	Lake
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W.	South Bend	St. Joseph
Speybroeck, Robert	South Bend	St. Joseph
Spindler, Robert D.	Shelbyville	Shelby
Spitz, R. H.	Elkhart	Elkhart
Spivack, Mary	Gary	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H.	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Alexander G.	Hammond	Lake
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Staff, Robert A.	Terre Haute	Parke-Vermillion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Wiley
Stamper, Joseph H.	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stander, Richard W.	Indianapolis	Marion
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen

Name	City	County
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Whiting	Lake
Steffen, Julius T.	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Greencastle	Putnam
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Stetson, John B.	Indianapolis	Marion
Steury, Ernest M.	Kenya, Africa	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stewart, Walter E. (S)	Terre Haute	Vigo
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stiles, William J.	Madison	Jefferson-Switzerland
Stilwell, William R.	Richmond	Wayne-Union
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Franklin	Johnson
Stoltz, Robert M.	Valparaiso	Porter
Stotz, Thomas J.	Otterbein	Benton
Stoue, Alvin T.	Indianapolis	Marion
Stout, Grant C.	Rochester	Fulton
Stout, Robert C.	Ligonier	Noble
Stooby, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storey, D. Edmund	Indianapolis	Marion
Storey, Joseph L.	Indianapolis	Marion
Stork, Harvey K.	Huntingburg	Dubois
Stork, Urban F. D.	Evansville	Vanderburgh
Storms, Ray B. (S)	Indianapolis	Marion
Stouder, Albert E.	Kempton	Tipton
Stouder, Charles E.	Ellettsville	Owen-Monroe
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Stover, Wendell C.	Boonville	Warrick
Stoycoff, Christ M. (S)	Gary	Lake
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph V.	Lafayette	Tippecanoe
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph G.	Culver	Marshall
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strom, Jack	East Chicago	Lake
Strong, Daniel S. (S)	Terre Haute	Vigo
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stultz, Quentin F.	Ligonier	Noble
Stump, Loyd K.	Indianapolis	Marion
Stump, Richard L.	Muncie	Delaware-Blackford
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Sun, Chen T.	Hebron	Porter
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swan, John R.	Indianapolis	Marion
Swank, Lucretia R.	Elkhart	Elkhart
Sweeney, Robert M.	South Bend	St. Joseph
Sweet, Howard E.	Richmond	Wayne-Union
Swihart, Danny D.	Elkhart	Elkhart
Swihart, Homer R.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Swinton, Stan	Fort Wayne	Allen
Symmes, Alfred T.	Indianapolis	Marion
Symon, William E.	Bluffton	Wells
Szynal, John S.	Indianapolis	Marion

T

Tabaka, Francis B.	La Porte	La Porte
Tager, Stephen N.	Evansville	Vanderburgh
Takahashi, Masato	Los Angeles, Calif.	Marion
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Tanner, Henry S.	Indianapolis	Marion
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, James	Kokomo	Howard
Taub, Robert G.	Michigan City	La Porte
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D.	Columbus	Bartholomew-Brown

Name	City	County
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ames R.	Mishawaka	St. Joseph
Templeton, Ian S.	Seymour	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Tepfer, Milton	Indianapolis	Marion
Teplinsky, Louis L.	East Chicago	Lake
TerBush, Edward L.	Logansport	Cass
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Teters, Melvin S. (S)	Middlebury	Elkhart
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Theobald, Sterling	Dyer	Lake
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Hobart	Lake
Thomas, Charles R.	Indianapolis	Marion
Thomas, Daniel D.	Gary	Lake
Thomas, Edward P.	Indianapolis	Marion
Thomas, Everett W.	Warsaw	Kosciusko
Thomas, Fred A.	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thomas, W. Clayton	Carmel	Hamilton
Thompson, Alfred A. (S)	Tyner	Marshall
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, Edward C.	Greencastle	Putnam
Thompson, Frank M.	Columbia City	Whitley
Thompson, John M.	South Bend	St. Joseph
Thompson, John R.	Marion	Grant
Thompson, John V.	Indianapolis	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J.	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinsley, Frank W.	Indianapolis	Marion
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	South Bend	St. Joseph
Tischer, E. Paul	Indianapolis	Marion
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Torrella, Jose A.	Indianapolis	Marion
Toumey, Fred L.	Indianapolis	Marion
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Kokomo	Howard
Townsend, James C.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Traver, Perry C. (S)	South Bend	St. Joseph
Treon, James F. (S)	Aurora	Dearborn-Ohio
Trepagnier, Francis B.	East Chicago	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Trout, Carl J.	Lafayette	Tippecanoe
Troutwine, William R.	Crown Point	Lake
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, George W.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Trudgen, Spencer F.	APO 178, New York, N. Y.	Marion
Trusler, H. Marshall	Indianapolis	Marion
Trusler, Harold M.	Indianapolis	Marion
Tsatsos, George C.	Oak Park, Ill.	Lake
Tschetter, David	Notre Dame	St. Joseph
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D.	Michigan City	La Porte
Turgi, Robert W.	Gary	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna Goss	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, Isabel B.	Evansville	Vanderburgh
Turner, Jack J.	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Edward A.	Indianapolis	Marion
Tyler, Frank T. (S)	New Albany	Floyd
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Calumet City, Ill.	Lake

U

Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Elwood	Madison
Underwood, George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Urbanski, Walter P.	Whiting	Lake
Urschel, Dan L.	Mentone	Kosciusko

V

Vagner, S. Bernard	South Bend	St. Joseph
Valencia, Monico	East Gary	Lake
Valenzuela, Roberto D.	Gary	Lake
Valenzuela, Sofia S.	Gary	Lake
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Van Campen, Warren M.	Huntington	Huntington
Vance, William C.	Terre Haute	Vigo
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Highland	Lake
Vandivier, Robert M.	Indianapolis	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Kirk, Paul P.	Frankfort	Clinton
Van Meter, C. Powell	Indianapolis	Marion

Name	City	County
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W.	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Vellios, Frank	Indianapolis	Marion
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo	East Chicago	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Viehe, Robert W. (S)	Evansville	Vanderburgh
Vietzke, Paul C. F.	Valparaiso	Porter
Vigor, David N.	Indianapolis	Marion
Vincent, William A.	Evansville	Vanderburgh
Viney, Charles L.	Logansport	Cass
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E.	New Castle	Henry
Vlaskamp, Elaine M.	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Gary	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Hugh A. (S)	Highland	Lake
Vore, Louring W.	Plymouth	Marshall
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E.	New Albany	Floyd
Vurpillat, Francis J.	South Bend	St. Joseph

W

Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Wade, Reynolds W.	New Haven	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Goshen	Elkhart
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Waincott, Clinton S., Jr.	Indianapolis	Marion
Wait, Jerome H.	Columbia City	Whitley
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Sheridan	Hamilton
Walden, Heinz J.	Terre Haute	Vigo
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer	Indianapolis	Marion
Walerko, Frank M.	St. Paul, Minn.	St. Joseph
Walker, Adolph P.	East Chicago	Lake
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack L.	Muncie	Delaware-Blackford
Walker, James L. (S)	La Fontaine	Wabash
Walker, Louis	Greensburg	Decatur
Walker, Robert M.	Indianapolis	Marion
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Wallace, Hawthorne C. (S)	Crawfordsville	Montgomery
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Edward W.	Indianapolis	Marion
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wang, Tieh C.	East Chicago	Lake
Wanninger, Horace (S)	Richmond	Wayne-Union
Warbinton, Fred P.	Plainfield	Hendricks
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Wesley C.	Indianapolis	Marion
Ware, Herbert E.	Muncie	Delaware-Blackford
Ware, John R.	Russiaville	Howard
Warfield, Chester H.	Fort Wayne	Allen
Warman, Alvah P. (S)	Indianapolis	Marion
Warn, William J.	Milan	Ripley
Warneke, Charles H.	Indianapolis	Marion
Warner, Charles L.	Evansville	Vanderburgh
Warren, Carroll B.	Marion	Grant
Warren, Lewis T.	Michigan City	La Porte
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L.	Osceola	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warshaw, Seymour	Columbus	Bartholomew-Brown
Warvel, John H., Jr.	Indianapolis	Marion
Warvel, John H. (S)	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Wasserman, Don H.	Colorado Springs, Colo.	Marion
Watkins, James K.	Marion	Grant
Watring, Watson G.	Ft. Devens, Mass.	Marion
Watterson, Gerald T.	Connersville	Fayette-Franklin
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Webb, Harry D.	Anderson	Madison
Webb, Lawrence C.	Dana	Parke-Vermillion
Weber, Edgar H.	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Webster, Robert K.	Brazil	Clay
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Weems, Mallory P.	Jeffersonville	Clark
Wehrman, Jule O. (S)	Indianapolis	Marion
Weigand, Clayton G.	Indianapolis	Marion
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinberg, Samuel	Marion	Grant
Weinberger, Myron H.	Indianapolis	Marion
Weinland, George C.	Columbus	Bartholomew-Brown
Weinstein, Edwin B.	Richmond	Wayne-Union
Weinstock, Adolph	Rolling Prairie	La Porte
Weir, Dale C.	Louisville, Ky.	LaGrange
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Lawrenceburg	Dearborn-Ohio
Weiskopf, Henry S.	Gary	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Eugene	South Bend	St. Joseph

Name	City	County
Weiss, Henry G. (S)	Evansville	Vanderburgh
Weiss, Jason	Indianapolis	Marion
Weiss, John T.	Hobart	Lake
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Wenger, James E.	Nappanee	Elkhart
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westerman, Richard L.	Evansville	Vanderburgh
Westfall, B. Kemper	Indianapolis	Marion
Westfall, George S.	Goshen	Elkhart
Westfall, John B.	Indianapolis	Marion
Westhaysen, Peter V.	Munster	Lake
Weybright, William L.	Syracuse	Delaware-Blackford
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Chester S. (S)	Paris, Ill.	Parke-Vermillion
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gene A.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, Isaac D. (S)	Anaheim, Calif.	Parke-Vermillion
White, James V.	Terre Haute	Vigo
White, John P., Jr.	Bloomington	Owen-Monroe
White, Jules C.	Holyoke, Mass.	Lake
Whitlock, Merle E.	Mishawaka	St. Joseph
Wiatt, Leonard H.	Knightstown	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Wickstrom, Otto W.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B.	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, C. Kenneth	Evansville	Vanderburgh
Wilhelmus, Charles M. (S)	Newburgh	Warrick
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Wilkinson, Roger L.	Anderson	Madison
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	Bluffton	Wells
Willardo, Albert T.	Munster	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Alexander S.	Gary	Lake
Williams, Carl N.	Gary	Lake
Williams, Charles D.	Indianapolis	Marion
Williams, Clifford L.	Indianapolis	Marion
Williams, Earl K.	Frankfort	Clinton
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Francis M.	Anderson	Madison
Williams, Fred R.	Gary	Lake
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Markleville	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willison, George W.	Evansville	Vanderburgh
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Wilms, John H.	W. Lafayette	Tippecanoe
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, Guy H.	Bicknell	Knox
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H.	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Wimmer, Robert N. (S)	Michigan City	Lake
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Wing, Herman	Gary	Lake
Winklepleck, A. M.	Connersville	Fayette-Franklin
Winter, Donald K.	Logansport	Cass
Winter, William P.	Martinsville	Morgan
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseheart, Oscar H. (S)	North Salem	Hendricks
Wiseheart, Robert H.	Lebanon	Boone
Wiseman, V. Earle	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wixted, John F.	South Bend	St. Joseph
Wixted, Julia L.	South Bend	St. Joseph
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, William E.	La Porte	La Porte
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Linden	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Woodbury, John W.	Marion	Grant
Wooden, Thomas F.	Munster	Lake
Woods, Arba L. (S)	Owensville	Posey
Woodson, Dan E.	Evansville	Vanderburgh
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Gary	Lake

Name	City	County
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A., Jr.	Ann Arbor, Mich.	Clinton
Work, Bruce A.	Frankfort	Clinton
Worley, Ansel C. (S)	Fort Wayne	Allen
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, James J.	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, Wm. C.	Fort Wayne	Allen
Wu, Stewart	Valparaiso	Porter
Wurster, Herbert C.	Mishawaka	St. Joseph
Wyatt, James L., III	Fort Wayne	Allen
Wyman, George P.	Madison	Jefferson-Switzerland
Wynn, Justice F. (S)	Evansville	Vanderburgh
Wyttenbach, John E.	Indianapolis	Marion

Y

Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yanson, Mannfredo R. S.	Oxnard, Calif.	Lake
Yast, Charles J.	Gary	Lake
Yegerlehner, Roscoe S.	Kentland	Newton
Yingling, Robert J.	Indianapolis	Marion
Yocum, Paul S., Sr.	Angola	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Carl J.	Middlebury	Elkhart
Yoder, Dewey D.	Pierceton	Whitley
Yoder, Jonathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, James W.	Indianapolis	Marion
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange

Z

Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah (S)	Fort Wayne	Allen
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zeps, E. Frances	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Acton	Marion
Zimmer, Henry J.	Mishawaka	St. Joseph
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	El Paso, Tex.	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Gary	Lake
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership.

(Paid-up members of the Indiana State Medical Association as of May 1, 1966.)

ADAMS COUNTY

Berne

(*Zip Code* 46711)

Beaver, Norman E. 165 W. Water St.
Boze, Robert L. 265 W. Water St.
Dester, Herbert E. (S).....424 Compromise St.
Graber, Martin J.....265 W. Water St.

Decatur

(*Zip Code* 46733)

Burk, James M.....115 N. Third St.
Carroll, John C.....226 S. Second St.
Doan, John E. 222 S. Second St.
Freeby, C. William.....227 S. Second St.
Girod, Arthur H.....203 N. 12th St.
Kohne, Gerald J.....134 S. Third St.
Parrish, Richard K.....238 S. Second St.
Reppert, Roland L.....222 S. Second St.
Rich, Norval S.....415 W. Madison
Zwick, Harold F.....227 S. Second St.

ALLEN COUNTY

Fort Wayne

(*Zip Code* 468 *plus zone number*).

A

Acker, Herbert K...617 W. Washington Blvd. (02)
Adams, E. Wade.....3124 E. State Blvd. (05)
Ahlbrand, Roland C...1417 N. Anthony Blvd. (05)
Aiken, Arthur F.....3010 E. State Blvd. (05)
Aiken, Nevin E.....3010 E. State Blvd. (05)
Anderson, Ernest....4349 S. Anthony Blvd. (06)
Anderson, Garland D.....5015 Riviera Ct. (05)
Andrew, Jerald L.....5717 S. Anthony Blvd. (06)
Arata, James A.....730 W. Berry St. (04)
Arata, Justin E.....3124 E. State Blvd. (05)
Ashman, William C...2902 S. Fairfield Ave. (07)
Aust, Charles H.....Lutheran Hospital (07)

B

Bahr, Robert E.....3217 Lake Ave. (05)
Bailey, Paul P. (S) .206 Medical Center Bldg. (02)
Ball, John R.....320 Medical Center Bldg. (02)
Ball, Margaret Jane....4112 S. Harrison St. (07)
Baltes, Joseph H.....821 Broadway (02)
Barch, John W.....1301 S. Harrison St. (02)
Bash, Wallace E.....2902 Fairfield Ave. (07)
Baumgartner, Jeraldine.515½ W. Wayne St. (02)
Beams, Ralph H...715 Medical Center Bldg. (02)
Beierlein, Karl M.....3124 E. State Blvd. (05)
Beights, Raymond S.....3310 E. State Blvd. (05)
Bergendahl, Emil H.
102 Medical Center Bldg. (02)
Berghoff, James R.....306 E. Jefferson St. (02)
Beutler, Theodore V.....527 W. Berry St. (02)
Bierman, Gilbert H.
402 Medical Center Bldg. (02)
Billingsley, John S.....2902 Fairfield Ave. (07)
Bixler, James A.....3124 E. State Blvd. (05)
Blichert, Peter A...424 Medical Center Bldg. (02)
Bossard, John W...115 Medical Center Bldg. (02)
Bower, Richard E.....3610 Brooklyn Ave. (07)
Bowers, Gah T.....3000 Circumurban Blvd. (05)
Bowers, George W.....2902 Fairfield Ave. (07)
Bowers, Jesse W. (S).....418 Gettle Bldg. (02)
Brandt, William E.....618 W. Berry St. (02)
Braunlin, Robert J..418 Medical Center Bldg. (02)
Bridges, William L..520 Medical Center Bldg. (02)
Bromley, Luman W.....2730 E. State Blvd. (05)
Brosius, Robert H. W.....1603 Wells St. (08)
Brown, Frederic W.....2609 Fairfield Ave. (07)
Brown, Garland R.....730 W. Berry St. (04)
Brucker, Perry A...304 Medical Center Bldg. (02)
Bryan, Franklin A..512 Medical Center Bldg. (02)
Buckner, George D.....1003 Fulton St. (02)
Burkhart, Charles A...1301 S. Harrison St. (02)

C

Carlo, Ernest R. (S)....2902 Fairfield Ave. (07)
Chambers, Alan R.....601 W. Wayne St. (02)
Chase, James A.....1635 Broadway (04)
Clark, William R., Jr.....710 W. Wayne St. (04)
Clark, William R.....3622 S. Calhoun St. (07)
Cochran, Harry A., Jr...1301 S. Harrison St. (02)
Conley, John E.....620 W. Berry St. (02)
Connelly, Jerry H.....3217 Lake Ave. (05)
Connelly, Richard D.....3217 Lake Ave. (05)
Cooney, Charles J.....527 W. Berry St. (02)
Cottrell, Robert F...234 Medical Center Bldg. (02)
Craig, Richard M.....2902 Fairfield Ave. (07)
Culp, John E.....2902 Fairfield Ave. (07)

D

Datzman, Richard C.
520 Medical Center Bldg. (02)
Davidoff, Manuel A.....3610 Brooklyn Ave. (07)
Donesa, Antonio B.....534 W. Berry St. (02)
Dunstone, Harry C..502 Medical Center Bldg. (02)

E

Elston, Lynn W. (S)
604 Medical Center Bldg. (02)
Elston, Ralph W...604 Medical Center Bldg. (02)
Engleman, Reinhold....1301 S. Harrison St. (02)
Epps, James H.....3219 E. State Blvd. (05)

F

Farquhar, John S., Jr...3610 Brooklyn Ave. (07)
Ferguson, Arthur N.....2902 Fairfield Ave. (07)
Fichman, Abraham M.....323 W. Berry St. (02)
Flaherty, Robert A.....2902 Fairfield Ave. (07)
Foy, Thomas D.....1104 W. State Blvd. (08)
Franke, Gordon R.....3010 E. State Blvd. (05)
Frankhouser, C. M. A., Jr.
520 Medical Center Bldg. (02)
Fullam, Richard G..234 Medical Center Bldg. (02)

G

Garton, Harry W...3603 W. Hamilton Rd., R. R. 6
Gastineau, David C.
520 Medical Center Bldg. (02)
Gentile, Jonathan Paul..2716 Fairfield Ave. (07)
Gerding, William J...2638 S. Anthony Blvd. (06)
Giffin, Charles S...102 Medical Center Bldg. (02)
Gladstone, Naf H.....335 W. Berry St. (02)
Glassley, Stephen H.....3010 E. State Blvd. (05)
Glock, Maurice E...229 Medical Center Bldg. (02)
Glock, Wayne R.....2609 Fairfield Ave. (07)
Goebel, Carl W.....327 W. Creighton Ave. (07)
Gould, John C.....2424 Fairfield Ave. (07)
Graham, George M.....1301 S. Harrison St. (02)
Graham, James C.....1834 S. Lafayette (03)
Green, Robert F.....614 W. Berry St. (02)
Greenlee, Robert L...227 E. Washington St. (02)
Griest, Walter D.....3024 Fairfield Ave. (04)
Griffith, Harold R..520 Medical Center Bldg. (02)

H

Hackett, Walter G...6028 U. Huntington Rd. (04)
Haffner, Herman G.....202 E. Jefferson St. (02)
Halaby, Fouad A.....730 W. Berry St. (04)
Haley, Alvin J.....3217 Lake Ave. (05)
Hall, William R...234 Medical Center Bldg. (02)
Haller, Richard C.....3124 E. State Blvd. (05)
Hamilton, Emory D.
234 Medical Center Bldg. (02)
Hamilton, George M.....3124 E. State Blvd. (05)
Hasewinkle, August M...2828 E. State Blvd. (05)
Hastings, Warren C.
111 Medical Center Bldg. (02)
Hattendorf, Anton P.
716 Medical Center Bldg. (02)
Havens, Russell E..228 Medical Center Bldg. (02)
Hershberger, Philip G..2609 Fairfield Ave. (07)
Hickman, Donald M.....3217 Lake Ave. (05)
Hillery, Robert L.....810 W. State Blvd. (08)
Hipskind, Richard E.....332 E. Pontiac St. (03)
Hoffman, Arthur F.
519 Medical Center Bldg. (02)
Holsinger, Robert E.
115 Medical Center Bldg. (02)
Hoover, Joseph R.....3610 Brooklyn Ave. (07)
Howe, Fordyce L.....1525 Oxford St. (06)
Humphreys, John L.....1301 S. Harrison St. (02)

I

Irmscher, George W...1417 N. Anthony Blvd. (05)
Irmscher, Jane M.....2024 Florida Dr. (05)
Isenogle, Kenneth F.
418 Medical Center Bldg. (02)

J

Jackson, John F...519 Medical Center Bldg. (02)
Johnston, Richard M...3219 E. State Blvd. (05)
Jontz, Joe G.....3124 E. State Blvd. (05)
Jontz, Richard L...520 Medical Center Bldg. (02)
Juergens, Richard B.....1709 Prairie Lane (08)
Jurgensen, Walter T.....3415 Fairfield Ave. (07)

K

Karol, Herbert J...324 Medical Center Bldg. (02)
Kaufman, Julian R.....3124 E. State Blvd. (05)
Keck, Carleton A.....2902 Fairfield Ave. (07)
Kent, Richard N...731 Medical Center Bldg. (02)
Keyes, Robert C.....3714 S. Calhoun St. (07)
Kidder, Orva T.....Irene Byron Hospital (08)
Kilgore, Byron.....2330 Beacon St. (05)
Kimbrough, Robert F...2730 E. State Blvd. (05)
Kleifgen, William A.....446 W. Pontiac St. (07)
Klooze, Kenneth W.....3610 Brooklyn Ave. (07)
Knight, Lewis W.....3124 E. State Blvd. (05)
Krueger, John E.....5717 S. Anthony Blvd. (06)
Kruse, Walter E. (S).....410 McKinnie (06)

L

Ladig, Donald S.....337 E. Berry St. (02)
Laker, Gene C.....2407 Fairoak Dr. (07)
Laker, Richard J.....2407 Fairoak Dr. (07)
Lampe, Elfred H.....2902 Fairfield Ave. (07)
Land, Francis L.....4628 Calhoun (07)
Laycock, Richard M.....6642 St. Joe Rd. (05)
Lee, John W.....3124 E. State Blvd. (05)
Leming, Ben L.....2902 Fairfield Ave. (07)
Lenk, George G.....1805 E. Washington St. (04)
Lloyd, Robert P.....723 Fulton St. (02)
Logan, Richard S.....3124 E. State Blvd. (05)
Lohman, Robert M.....4017 S. Wayne St. (06)
Lorman, James G...520 Medical Center Bldg. (02)
Loudermilk, Jack L..520 Medical Center Bldg. (02)
Lyon, William C.....710 W. Wayne St. (04)

M

McArdle, Edward G.....2201 S. Calhoun St. (04)
McCallister, John W.....3124 E. State Blvd. (05)
McCoy, Roy R.....3701 S. Harrison St. (07)
McDowell, George A.
215 Medical Center Bldg. (02)
McEachern, Cecil G.....2424 Fairfield Ave. (07)
McKeeman, Donald H.....633 W. Wayne St. (02)
Mackel, Frederick O.....2609 Fairfield Ave. (07)
Mann, Richard E.....3124 E. State Blvd. (05)
Manning, George C.....534 W. Berry St. (02)
Marsh, M. Frederick..1417 N. Anthony Blvd. (05)
Marshall, Caesar L.....438 E. Lewis St. (02)
Mastrangelo, Michael J.
306 Medical Center Bldg. (02)
Mensch, James R.....2120 Forest Park (05)
Mercer, Samuel R..702 Medical Center Bldg. (02)
Meyer, Herman A.....1030 W. Wayne St. (04)
Meyer, Theodore O..622 Medical Center Bldg. (02)
Michaelis, Stephen C.....3610 Brooklyn Ave. (07)
Miller, Don E.....2902 Fairfield Ave. (07)
Miller, Edward D.....1402 E. State Blvd. (05)
Miller, H. Paul.....2715 Broadway (07)
Miller, Mahlon F...222 Medical Center Bldg. (02)
Miller, Orval J.....324 W. Berry St. (02)
Miller, Richard H.....511 W. Wayne St. (02)
Miller, Robert B.....3124 E. State Blvd. (05)
Miller, William J.....2902 Fairfield Ave. (07)
Moats, Carl F.....4007 W. Wayne St. (04)
Moats, George E. (S)
615 E. Washington Blvd. (02)
Moeller, Victor C.....2424 Fairfield Ave. (07)
Moravec, Arthur E.....705 Lincoln Tower (02)
Morey, Edwin E.....2902 Fairfield Ave. (07)
Morgan, Milton M.....1147 S. Lafayette St. (02)
Mortenson, Leland J.....3610 Brooklyn Ave. (07)
Mueller, Lawrence W.
533 W. Washington Blvd. (02)
Murdock, Harvey L. (S)
417 Medical Center Bldg. (02)

N-O

Nill, John H.....5717 S. Anthony Blvd. (06)
Nolan, Gerald R.....5717 S. Anthony Blvd. (06)
Oatman, Jack G...617 Medical Center Bldg. (02)
O'Brian, John F.....3217 Lake Ave. (05)
O'Rourke, Carroll.....604 W. Berry St. (02)

P

Painter, Donald S...222 Medical Center Bldg. (02)
Parker, Carey B. (S)..1105 S. Harrison St. (02)
Parrot, Donald J.....810 W. State Blvd. (08)
Patterson, Jack W.....717 Broadway (02)
Pauly, Leonard R.....2224 Springfield (05)
Pearson, Huey L.....2314 S. Hanna (03)
Perrin, Kermit F.....2701 S. Anthony Blvd. (06)
Perry, Frederic G.....2902 Fairfield Ave. (07)
Pickett, Merle E...228 Medical Center Bldg. (02)
Popp, Milton F.....606 Medical Center Bldg. (02)
Powell, M. Jack.....700 Broadway (02)
Priddy, Marvin E.....5010 Riviera Court (05)

Q-R

Rank, William B.....347 W. Berry St. (02)
Reed, John D.....3124 E. State Blvd. (05)
Rhee, Sang K.....3219 E. State Blvd. (05)
Richards, Alan D.....4628 S. Calhoun St. (07)
Rissing, Walter J.....229 W. Berry St. (02)
Rockey, Noah A. (S)....1224 E. State Blvd. (05)
Roser, Arthur J.....5576 Covington Rd. (04)
Rossiter, Dudley L. (S).3629 S. Harrison St. (07)
Rothberg, Maurice.....625 W. Berry St. (02)
Rousseau, John W.....3124 E. State Blvd. (05)

S

Sahlmann, Hans (S)....3418 S. Hanna St. (06)
Salon, Harry W.....535 W. Berry St. (02)
Salon, Joel W.....604 W. Wayne St. (02)
Salon, Nathan L.....604 W. Wayne St. (02)
Sarver, Francis E..320 Medical Center Bldg. (02)
Savage, Arthur R.....302 W. Berry St. (02)
Schaab, Eric.....3714 S. Calhoun St. (07)
Schlademan, Karl R.
520 Medical Center Bldg. (02)
Schleinkofer, Robert M..2828 E. State Blvd. (05)
Schloss, Robert P.....5717 S. Anthony Blvd. (06)

Schmidt, Eugene E..228 Medical Center Bldg. (02)
Schmoll, Robert J.....521 W. Wayne St. (02)
Schneider, Louis A.....730 W. Berry St. (02)
Schoen, Frederic L...5717 S. Anthony Blvd. (06)
Schoenhals, Charles E...2818 Inwood Drive (05)
Schubert, Jerome C.....2154 Fairfield Ave. (04)
Scoins, William H.....1301 S. Harrison St. (02)
Scott, H. Vaughn.....801 E. State St. (08)
Scudder, James P.....3124 E. State Blvd. (05)
Senseny, Eugene F.....2902 Fairfield Ave. (07)
Shaw, James E.....3610 Brooklyn Ave. (07)
Shinabery, Lawerence.....1850 Broadway (04)
Short, John T. (S).....2908 Shawnee Dr. (07)
Shugart, Robert R.....2609 Fairfield Ave. (07)
Singer, Elmer C. (S)
310 Medical Center Bldg. (02)
Sirlin, Edward M.....2615 Trier Rd. (05)
Smith, C. Curtis....3408 N. Anthony Blvd. (05)
Smith, Philip L.....2902 Fairfield Ave. (07)
Smith, Roger C.....3124 E. State Blvd. (05)
Snyderman, Sanford C.
102 Medical Center Bldg. (02)
Somers, Gerald H.....3610 Brooklyn Ave. (07)
Spencer, C. Herbert
519 Medical Center Bldg. (02)
Stanley, Robert G.....3415 S. Fairfield Ave. (07)
Stauffer, Richard C.....2730 E. State Blvd. (05)
Steigmeyer, David J.....3124 E. State Blvd. (05)
Stier, Paul L.....721 Broadway (02)
Stucky, Jerry L.....5010 Riviera Court (05)
Sullivan, Robert E..214 Medical Center Bldg. (02)
Swinton, Stan.....1301 S. Harrison St. (02)

T

Taylor, Robert G.....2902 Fairfield Ave. (07)
Tennant, David L.....1832 S. Calhoun St. (04)
Terrill, Richard W.....446 W. Pontiac St. (07)
Tomusk, August N.
306 Medical Center Bldg. (02)
Towles, Jeff H.....710 E. Pontiac (03)
Trier, Herbert P...612 Medical Center Bldg. (02)

U

Ungemach, Willo F.....332 Pontiac (03)

V-W

Vogel, Lloyd A.....519 Medical Center Bldg. (02)
Voorhees, Robert J.....717 Broadway (02)
Walker, Floyd B.....3505 S. Monroe (06)
Wallace, Collins R..234 Medical Center Bldg. (02)
Ward, Gerald F.....3124 E. State Blvd. (05)
Warfield, Chester H...7024 Forest Wood Dr. (05)
Weber, John R.....710 W. Wayne St. (04)
Wick, Alfred A.....623 Medical Center Bldg. (02)
Wierzalis, Edward F.....2017 Sherman St. (08)
Williams, Berniece M.....801 E. State Blvd. (05)
Wilson, Roland B.....1207 S. Lafayette (02)
Worley, Ansel C. (S)
317 Medical Center Bldg. (02)
Wright, William C..621 Medical Center Bldg. (02)
Wyatt, James L., III....206 E. Jefferson St. (02)

X-Y-Z

Zehr, Noah (S).....301 W. Creighton (07)
Zweig, Elmer Sam.....344 W. Berry St. (02)

Harshman, Louis P. (S).....R. R. 6, Frankfort (46041)
Harvey, Harry C. (S)..Methodist Home, Franklin (46131)
Emme, Richard W.....Harlan (46743)
Harless, O. Fred.....104 Summit, Monroeville (46773)

New Haven

(*Zip Code* 46774)

Dahling, Clemens W.....Dahling Bldg.
Dahling, Fred W.....Dahling Bldg.
Emenhiser, Donald C.....608 State St.
Hoetzer, Eldore M.....502 Henry
Sidell, James P.....630 Broadway
Stumpf, Edwin E.....716 Broadway
Wade, Reynolds W.....1018 Bell Ave.

Miller, Kenneth D.....Woodburn (46797)

Prentiss, Nelson H...V. A. Hospital, Oteen, N. C. (28805)
Schellhouse, Earl M.
V.A. Hospital, Chillicothe, Ohio (45601)
Sherwood, Clarence E.
R. R. #2, Box 97A, Madison, S. Dakota (57042)
Sherwood, J. Vincent.....5245 78th Ave., Pinellas Park, Fla. (33565)

BARTHOLOMEW-BROWN COUNTIES

Columbus

(*Zip Code* 47201)

Able, Walter.....2760 25th St.
Adler, David L.....Bartholomew County Hospital
Andrews, Fred B.....Doctors' Park
Beggs, Lowell F.....832 Washington St.
Clay, Eleanor.....2739 Central Ave.
Daugherty, Forest D.....2600 Sandcrest Blvd.
Davis, Marvin R.....908 Washington
Dugan, Thomas.....Doctors' Park
Echsner, Herman J.....Doctors' Park
Fisher, Walter S. (S).....422 Ninth St.
Fortner, Ray E.....Doctors' Park
Fuller, Robert G.....Doctors' Park
Gammell, Lindley L.....602 22nd St.
Grangier, Bernard A.....2760 25th St.
Hart, Robert B.....712 Washington St.
Hauersperger, Alfred D.....2760 25th St.
Hawes, Marvin E.....522 Seventh Ave.
Henry, Alvin L.....Lock Box 264
Jacobs, E. Robert.....1829 California St.
Knotts, Halleck S.....1813 25th St.
Krueger, Robert B.....2739 Central Ave.
Libbert, Edwin L.....3377 Woodland Pl.
McCullough, Henry G...R. R. #4, Old Indpls. Rd.
Macy, George W.....2760 25th St.
Marr, Griffith.....R. R. #1
Mohler, Floyd W.....2739 Central Ave.
Norton, Harold J.....909 Pearl St.
O'Bryan, Richard B.....2739 Central Ave.
Overmire, Joseph E.....2438 Cottage Ave.
Overshiner, Lyman (S).....1817 Seventh St.
Ranck, Benjamin A.....2600 Sandcrest Blvd.
Rau, Charles A.....2600 Sandcrest Blvd.
Reid, Robert M.....2225 Central Ave.
Richmond, Harold W...Cummins Engine Co., Inc.
Ryan, William J.....Doctors' Park
Sandlin, Donald L.....2530 Sandcrest Blvd.
Schmitt, Richard K.....423 Ninth St.
Schneider, Kenneth D.....2760 25th St.
Sigmund, William B.....2355 Central Ave.
Snapp, Richard A.....2225 Central Ave.
Stribling, James L.....2600 Sandcrest Blvd.
Teal, Dorothy D.....728 Franklin St.
Warshaw, Seymour.....2760 25th St.
Weinland, George C.....R. R. 5, Harrison Lake
Wickstrom, Otto W., Jr.....2781 National Rd.
Wickstrom, Otto W.....2779 National Rd.
Wigh, Russell.....2400 E. 17th St.
Williams, Everett W.....2225 Central Ave.
Zaring, Byron K.....718 Washington St.

Seibel, Robert M.....Nashville (47448)

BENTON COUNTY

Leak, Robert H.....Boswell (47921)
Coddens, Avery L.....Earl Park (47942)
Altier, William H.....Fowler (47944)
Miller, Dan T. (S).....Fowler (47944)
Turley, Verne L. (S).....Fowler (47944)
McKinney, Donald L.....Otterbein (47970)
Stolz, Thomas J.....Otterbein (47970)
Schuerich, Virgil.....Oxford (47971)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D.....Jamestown (46147)

Lebanon

(*Zip Code* 46052)

Bennett, Kent B.....1720 N. Lebanon St.
Boyer, Don W.....1125 N. Lebanon St.
Coons, John D. (S)....Boone County Bank Bldg.
Coons, Ritchie.....303 W. Washington St.
Headley, Lloyd M.....1111 N. Lebanon St.
Honan, Paul R.....1720 N. Lebanon St.
Kern, Clarence G.....1720 N. Lebanon St.
Lenox, Jack.....205 East Dr.
McAfee, James R.....1005 N. East St
Porter, Jack.....1122 N. Lebanon
Weddle, Charles O.....905 N. Lebanon St.
Wiseheart, Robert H.....905 N. Lebanon St.

Bassett, Margaret A.....Thorntown (46071)
Gregg, Edwin E.....Thorntown (46071)
Lovett, Harvey D.....Zionsville (46077)
Bailey, Lawrence S.....Zionsville (46077)
Harvey, Ralph J. (S).....Zionsville (46077)
Jackson, Kathryn A.....Zionsville (46077)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J.....Burlington (46915)
Wagoner, Marilyn L.....Burlington (46915)
Wise, Charles L.....Camden (46917)

Delphi

(*Zip Code* 46923)

Baker, Eldon E.....109 S. Union St.
Petry, T. Neal.....111 E. Franklin St.
Seese, Robert M.....101 W. North St.
Wagoner, George W.....Front & Union Sts.

Adams, Max R.....Flora (46929)
McLaughlin, James R.....Flora (46929)

CASS COUNTY

Dutchess, C. Toney.....Galveston (46932)

Logansport

(*Zip Code* 46947)

Adamski, Michael S.....408 North St.
Bailey, Earl W.....212 Fifth St.
Bean, Joseph S.....Memorial Hospital
Burnett, Paul C.....Logansport State Hosp.
Cheng, Sylvia F.....Logansport State Hosp.
Chu, Johnson C.S.....Logansport State Hosp.
Cobb, Clarence M.....Memorial Hospital
Eckert, Russell A.....1101 Michigan Ave.
Fogel, Ernest J.....Logansport State Hosp.
Glendening, Richard L.....420-A High St.
Hall, Bernard R.....422 High St.
Harrington, James F.....1001 E. Broadway
Hedde, Eugene L.....211 S. Third St.
Hillis, Lowell J.....718 E. Broadway
Hochhalter, Marian.....86 Ninth St.
Horning, Richard R.....Logansport State Hosp.
Jones, J. Carl.....422 North St.
King, Jay M.....812 North St.
Maschmeyer, Robert H.....Logansport State Hosp.
Morrical, Russell J.....212 Fifth St.
Parker, E. Camille.....2500 E. Broadway
Parker, Francis W., Jr.....2500 E. Broadway
Pfuetze, Max E.....408 North St.
Phipps, Elwood B.....Logansport State Hosp.
Sheller, Tom G.....Logansport State Hosp.
TerBush, Edward L.....216 Ninth St.
Viney, Charles L.....402 North St.
Wilson, Paul H.....422 North St.
Winter, Donald K.....422 North St.

Newcomb, William K.....Royal Center (46978)
Flanagan, Estle P. (S).....Walton (46994)

CLARK COUNTY

Boha, Rudolph L.....Borden (47106)

Charlestown

(*Zip Code* 47111)

Goodman, Eli.....807 High St.
Marshall, Thomas J. (S).....807 High St.
Shina, Hassi Charlestown Landing Road
Voskuhl, William L.....395 Water St.

Clarksville

(*Zip Code* 47131)

Duque, Fausto.....647 Eastern Blvd.
Mudd, Joseph P.....815 Eastern Blvd.
Willner, Alan.....630 Eastern Blvd.
Wolverton, George M.....647 Eastern Blvd.

Carr, Joseph H.....Henryville (47162)
Greene, William R.....Henryville (47162)

Jeffersonville

(*Zip Code* 47130)

Adair, Samuel L.....201 E. Market St.
Baldwin, John H. (S).....P.O. Box 161
Bizer, Mier A.....1206 N. Spring St.
Brill, Joseph B.....201 E. Market St.
Bruner, Ralph W. (S).....437 Spring St.
Byrd, Ryland P.....210 Sparks Ave.
Carlberg, Dale L.....226 E. Maple St.
Carney, Joel T. (S).....347 Spring St.
Clark, William B., Jr.....435 Spring St.
Corrao, Thomas J.....435 Spring St.
Ely, Cecil W.....Clark County Hospital
Forsee, Norman E.....211 E. Market St.
Golden, William Y.....437 Spring St.
Hargett, Herbert P.....435 Spring St.
Havens, A. Lyle.....432 Wall St.
Havens, Thomas R.....432 Wall St.
Horlander, Fridolin.....Gateway Plaza
Huoni, John S...1405 Youngstown Shopping Center
Isler, Nathaniel C.....519 Spring St.
Johnson, Jerome M.....1428 E. 10th St.

McKechnie, Robert K.....432 Wall St.
Oca, Clemente F.....220 Wall St.
Reed, Edsel S.....Clark County Hospital
Reeder, Henry H. (S).....140 N. High St.
Roby, Alma L.....201 E. Market St.
Shaw, Houston W.....435 Spring St.
Weems, Mallory P.....414 Wall St.

Sellersburg

(*Zip Code* 47172)

Meyer, Claude.....119 S. Indiana
Regan, George L.....115 N. Indiana Ave.
Sturgis, Donald G.....542 Linn Wood Ave.

CLAY COUNTY

Brazil

(*Zip Code* 47834)

Farid, Rahim S.....111 N. Walnut St.
Garvin, Donald B.....111 N. Walnut St.
McCormick, Wilbur C.....R. R. #2
Maurer, J. Frank.....111 N. Walnut St.
Maurer, Robert M.....111 N. Walnut St.
Mehne, Richard G.....1½ E. National Ave.
Shattuck, John C.....1½ E. National Ave.
Webster, Robert K.....28 N. Franklin St.
Wood, Opal L.....111 N. Walnut St.

Moon, Charles E.....Center Point (47840)
Bond, Walter C. (S).....Clay City (47841)
Buell, Forrest R.....Clay City (47841)

CLINTON COUNTY

Frankfort

(*Zip Code* 46041)

Applegate, Albert E.....1303 S. Jackson St.
Beardsley, Frank A., Jr.....400 Kentwood Dr.
Carrel, Francis E.....209 S. Columbia St.
Crouse, Ben E.....P.O. Box 363
Dupler, Lee F.....4 E. White St.
Dykhuizen, Theodore A.....201 W. Walnut St.
Erdel, Milton W.....2 E. White St.
Flora, Fred W.....1256 S. Jackson St.
Hammersley, George K.....361 E. Clinton St.
Hedgcock, Robert A.....259 E. Clinton St.
Stout, Harry T.....1256 S. Jackson St.
Van Kirk, Paul P.....1252 S. Jackson St.
Williams, Earl K.....Clinton County Hospital
Work, Bruce A.....306 Peoples Life Bldg.

Bush, Charles E.....Kirklin (46050)
Carlyle, Ivan E. (S).....Michigantown (46057)
Ketcham, John S. (S).....Rossville (46065)
Weller, Ralph D.....Rossville (46065)

Work, Bruce A., Jr.
3092 Williamsburg Rd., Ann Arbor, Mich. (48103)

Holmes, Claude D. (S)
329 Romano St., Coral Gables, Fla. (33134)

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Rohrer, James R.....Elnora (47529)

Loogootee

(*Zip Code* 47553)

Chattin, Robert E.....102 Wood
Lett, Emory B.....408 E. Main

Pierce, William J.....724 Broadway, Vincennes (47591)

Washington

(*Zip Code* 47501)

Barrett, James W. 1312 Bedford Rd.
Blazey, Arthur G.....7 E. Walnut St.
Chattin, Vance J.....514 E. Main St.
Farris, John J.....514 E. Main St.
Fox, C. Philip.....305 Peoples Bank Bldg.
Lindsay, Hamlin B.....511 E. Main St.
McKittrick, Jack.....Peoples Bank Bldg.
McNaughton, Lawrence M.....400 E. Hefron St.
Norton, Horace O.....511 E. Hefron St.
Rang, Arthur A. (S).....211 N.E. Ninth St.
Rang, Robert H.....1312 Bedford Rd.
Ross, Glenn E.....1307 Bedford Rd.
Schafer, William C.....1312 Bedford Rd.
Schroeder, Henry R., Jr.....101 N.E. First St.
Seat, Marshall H.....2 E. Walnut St.

DEARBORN-OHIO COUNTIES

Aurora

(*Zip Code* 47001)

Baker, Leslie M.....501 Fourth St.
Gresham, Edwin L.....501 Fourth St.
Jackson, John K.....223 Mechanic St.
Olcott, Charles W.....203 Main St.
Treon, James F. (S).....505 Fifth St.

McNeely, Matthew J.....Box 35, Dillsboro (47018)

Lawrenceburg

(*Zip Code* 47025)

Bowen, Gerald T.....209 Fourth St.
Conrad, Henry W.....370 Bielby Rd.
Frable, Frank L., Jr.....370 Bielby Rd.
Houston, Fred D.....30 W. High St.
Hunter, Lowell G.....370 Bielby Rd.
Lindgren, Ivan T.....370 Bielby Rd.
Morrison, George G., Jr.....209 Fourth Ave.
Pfeifer, James M.....319 Front St.
Rhodes, Alfred K.....370 Bielby Rd.
Streck, Francis A.....326 Walnut St.
Weisenberger, Brockton L.....370 Bielby Rd.

Fessler, Gordon S.....311 Main St., Rising Sun (47040)
Mauricio, Amado S. A. ...226 Main St., Rising Sun (47040)

Beres, Joseph S.....General Delivery, Downtown Station, Albuquerque, New Mexico (87103)

DECATUR COUNTY

Greensburg

(*Zip Code* 47240)

Acher, Robert P.....221 E. Washington St.
Callaghan, Winship C.....304 Bates Bldg.
Dickson, Dale D.....333 E. First St.
Miller, James C.....205 Bates Bldg.
Morrison, James T.....207 N. Franklin St.
Overpeck, Charles (S).....Murphy Bldg.
Shaffer, William.....214 N. Franklin St.
Walker, Louis.....215 N. Franklin St.

Porter, Edward A. (S).....Westport (47283)

DE KALB COUNTY

Showalter, John P.....R. R. 5, Angola (46703)

Auburn

(*Zip Code* 46706)

Covell, Harry M.....127 W. Seventh St.
Geisinger, Lewis N. (S).....805 S. Indiana Ave.
Harvey, John C.....405 S. Main St.
Hathaway, C. Bishop.....209 N. Jackson St.
Hines, Archie V. (S).....401 S. Main St.
Hines, John H.....403 Main St.
Hippensteel, Harland V.....208 W. Seventh St.
Nugen, Harold.....223 W. Seventh St.
Rogers, Evered E.....212 W. Sixth St.
Sanders, Jesse A. (S).....1007 S. Main St.
Souder, Bonnell M. (S).....206 W. Seventh St.
Wills, Max.....347 W. Seventh St.

Shultz, Clifford.....Butler (46721)
Weirich, Charles I.....Butler (46721)

Garrett

(*Zip Code* 46738)

Carpenter, Ramesh S.....315 S. Randolph St.
Jinnings, Loren E.....200 S. Randolph St.
Kantzer, Floyd B.....200 S. Randolph St.
Nason, Robert A.....123 E. King St.
Novy, Charles A.....200 S. Randolph St.

Coleman, Floyd B.....Waterloo (46793)
Graber, Benjamin R.....Waterloo (46793)
Hughes, William B.....Waterloo (46793)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D.....Albany (47320)
Puterbaugh, Karl E.....Albany (47320)
Hurley, John R.....Daleville (47334)
Weisner, Richard M.....R.R. 1, Eaton (47338)
Ko, Richard C. B.....Gaston (47342)

Hartford City

(*Zip Code* 47348)

Dodds, James U.....227 W. Main St.
Dudgeon, Charles A.....720 N. Spring St.
Jackson, Dean B.....401 W. Washington St.
Owsley, Guy A.....214 N. High St.
Parks, George O.....720 N. Spring St.
Weldy, Bryce P.....227 W. Franklin St.
Werry, Leslie E. (S).....1223 N. High St.

Doles, Ted S.....613 N. 10th St., Middletown (47356)
Egger, Ross L.....613 N. 10th St., Middletown (47356)
Burns, Paul E.....119 W. High St., Montpelier (47359)
Ingram, Richard
206 S. Main St., Montpelier (47359)

Muncie

(*Zip Code* 473 *plus zone number*)

Adams, Julia L.....Ball State University (06)
Adams, William B...Ball Memorial Hospital (03)
Alexander, Jack L.....Norwood Office Ct. (04)
Ashburn, Clarence M.
Ball Memorial Hospital (03)
Ball, Clay A. (S).....303 W. Adams St. (05)
Ball, Philip.....2600 W. Jackson St. (03)
Benken, Lawrence D...1111 W. Jackson St. (03)
Bergwall, Warren L.....223 Tillotson Ave. (04)
Bibler, Henry E.....311 W. Adams St. (05)
Botkin, Charles L. (S)..508 W. Jackson St. (05)
Botkin, Charles T.....400 White River Blvd. (03)
Botkin, Clyde G.....508 W. Jackson St. (05)
Brown, Leland G.....412 White River Blvd. (03)
Brown, Thomas M.....212 N. Pauline Ave. (03)
Burwell, Stanley W.....424 W. Jackson St. (05)
Butterfield, Robert M...315 W. Jackson St. (05)
Butz, Ralph O.....1525 W. Jackson St. (03)
Clark, Lintner E.....420 W. Washington St. (05)
Clark, Robert M.....2809 Godman Ave. (04)
Cochran, Robert B.....1111 W. Jackson St. (05)
Collins, Margaret C..Ball Memorial Hospital (03)
Cooper, John F.....3022 S. Madison (02)
Covalt, Wendell E.....2724 W. North St. (03)
Cullison, John L.....2724 W. North St. (03)
Cure, Elmer T.....217 S. Cherry St. (05)
David, George J.....2200 Janney Ave. (04)
Deutsch, William....406 White River Blvd. (03)
Dietz, David J.....321 University Ave. (03)
Dunning, Thomas W.
400½ White River Blvd. (03)
Dutchman, William R.
Ball Memorial Hospital (03)
Fiederlein, Frederick J...2809 Godman Ave. (04)
Galliher, Marjorie J...410 White River Blvd. (03)
Garling, Luvern C.....107 Greenbrier Rd. (04)
Geckler, Charles E.
203 Western Reserve Bldg. (05)
Gibson, Robert K.....806 W. Jackson St. (05)
Gill, Thomas A.....808 W. Jackson St. (05)
Goodell, Charles L.....2810 Ethel Ave. (04)
Greiber, Marvin F...420 W. Washington St. (05)
Gustafson, Milton H...2606 W. Jackson St. (03)
Hall, Robert S.....1604 W. McGallaird (04)
Hayes, Theodore R.....210 S. High St. (05)
Henderson, Ramon A.....806 W. Jackson St. (05)
High, Ralph L.....420 W. Washington St. (05)
Holmes, John L.....412 White River Blvd. (03)
Hostetter, Irwin S.....115 N. Cherry St. (05)
Imhof, Joseph D.....320 W. Adams St. (05)
Judd, Donald R.....100 N. Cherry St. (05)
Kalker, Morton.....Ball Memorial Hospital (03)
Kammer, Grace C.....1005 W. Parkway Dr. (04)
Kammer, Walter F...420 W. Washington St. (05)
Kim, Joon S.....Ball Memorial Hospital (03)
Kirshman, Forrest E.....211 S. High St. (05)
Koch, Edwin F., Jr...Ball Memorial Hospital (03)
Koss, K. William.....1600 W. Jackson St. (03)
Kress, James W.....2809 Godman Ave. (04)
LaDuron, Jules F. (S)....614 S. Liberty St. (05)
Lawson, Lawrence J.....321 University Ave. (03)
McCallister, Larry L.....2518 Rosewood (04)
McClintock, James A.....316 W. Adams St. (05)
McDowell, Fletcher W.....926 W. Main St. (05)
Mathewson, Russell C.....553 Johnson Bldg. (04)
Montgomery, Lall G..Ball Memorial Hospital (03)
Montgomery Ralph F...2809 Godman Ave. (04)
Moore, Jack C.....212 N. Pauline Ave. (03)
Moore, Thomas C.....110 N. Cherry St. (05)
Moore, William C. (S)....110 N. Cherry St. (05)
Morris, Jean W.....247 Johnson Bldg. (04)
Neece, Gus W.....Ball State University (06)
Nelson, Harold E.....424 W. Jackson St. (05)
Newnam, Philip E..420 W. Washington St. (05)
Osborne, John V.....420 W. Washington St. (05)
Peacock, Robert C.....2724 W. North St. (03)
Pippenger, Joseph I.....310 W. Jackson St. (05)
Pippenger, Wayne G...Ball State University (06)
Quick, William J.....314 E. Washington St. (05)
Rittmeyer, Jack L...420 W. Washington St. (05)
Rivers, Glynn A.....625 W. Adams St. (05)
Schulhof, Maurice G..420 W. Washington St. (05)
Searight, Howard R.....402 W. Jackson St. (05)
Smith, James S.....501 Kirby Ave. (02)
Speck, Carlson R...Ball Memorial Hospital (03)
Stanley, John R.....1111 W. Jackson St. (05)

Stibbins, Warren E.....2605 Wheeling Ave. (04)
Stout, Francis E.....2423 W. Jackson St. (03)
Stump, Richard L.....2000 S. Madison (02)
Taylor, Donald R...Ball Memorial Hospital (03)
Tharp, Donald W.....402 W. Jackson St. (05)
Tomlin, Hugh M.....420 W. Washington St. (05)
Vlaskamp, Elaine M.....500 W. Charles St. (05)
Voss, Gert.....420 W. Washington St. (05)
Walker, Jack M.....412 White River Blvd. (03)
Ware, Herbert E.....2200 Janney Ave. (04)
Wince, Leland L.....806 W. Jackson St. (05)
Young, Gerald S.....924 W. Main St. (05)

Hinchman, Jean F.....Parker (47368)
Hill, Robert E.....Yorktown (47396)
Moss, Mavor J.....Yorktown (47396)
Weybright, William L.
R. R. 1, Box 345, Syracuse (46567)

Bartley, Stan L.
2171 O'Hare Dr., Glenview, Ill. (60025)
Clouse, John F....Armed Forces Examination Sta., 312 E. Fifth St., Amarillo, Texas (79101)
Hull, Joel I.
U.S.S. Guam, LPH 9, F.P.O., N.Y., N.Y. (09501)
Leipold, Jon D.
5332 Piney Branch Circle, Norfolk, Va. (23502)
Rench, Michael J.....U.S. Naval Station, Box 11, F.P.O., Seattle, Wash. (98791)

DUBOIS COUNTY

Barrow, John H.....Dale (47523)
Backer, Henry G.....Ferdinand (47532)
Bland, Jack D.....Holland (47541)

Huntingburg

(*Zip Code* 47542)

Bretz, John M.....302 Fourth St.
Erhart, Herbert G.....521 Fourth St.
Scales, Alfred B.....407 Van Buren
Scales, Allen D.....409 Van Buren
Stork, Harvey K.....530 Fourth St.

Jasper

(*Zip Code* 47546)

Beaven, John B.....111 Central Bldg.
Benages, Anthony.....948 MacArthur St.
Gootee, Francis H.....501 Clay St.
Gootee, Thomas H.....501 Clay St.
Heck, Martin C.....801 Newton
Held, George A.....716 W. Ninth St.
Klamer, Charles H.....715 MacArthur St.
Lukemeyer, St. John.....109 W. 12th St.
Ploetner, Edward J.....201 W. Sixth St.
Salb, John P.....106 Metzger Bldg.
Salb, Leo A. (S).....301 E. Sixth St.
Wagner, Arthur L.....115 E. Ninth St.

Amini, Sohrab...1703 Spruce Lane, Louisville, Ky. (40207)

ELKHART COUNTY

Horswell, Richard G.....Bristol (46507)
Neidballa, Edward G.....Bristol (46507)

Elkhart

(*Zip Code* 46514 *unless otherwise indicated*)

Arlook, Theodore D.....912 W. Franklin St.
Atwood, William H.....405 S. Second St.
Bender, Robert L.....411 S. Third St.
Benson, James E.....405 S. Second St.
Billings, Elmer R.....405 S. Second St.
Bloom, George R.....506 S. Second St.
Boling, Richard C.....214 W. Marion St.
Bowdoin, George E. (S).....515 S. Second St.
Campbell, Patrick B.....605 Oakland Ave.
Classen, Pete R. C.....4112 S. Main St. (46517)
Compton, Walter A.....2225 Greenleaf Blvd. (46518)
Conklin, Raymond L...Miles-Ames Research Labs.
Cormican, Herbert L.....1400 Hudson St.
Dovey, Edward G.....513 Oakland Ave.
Durham, Thomas E.....405 S. Second St.
Echeverria, Rodolfo E.....405 S. Second St.
Elliott, Thomas A.....405 S. Second St.
Finfrock, James D.....515 S. Second St.
Futterknecht, James O.....405 S. Second St.
Gattman, George B.....405 S. Second St.
Graber, Virgil R.....1400 Hudson St.
Gray, Edwin H.....518 W. Franklin St.
Gray, Mary Case.....518 W. Franklin St.
Hannah, Jack W.....1906 E. Jackson Blvd.
Hurley, James W.....405 S. Second St.
Ivy, John H.....405 S. Second St.
Jones, Robert B.....1528 W. Franklin
Keating, John U.....224 W. High St.
Kesim, Mufit H.....317 W. Lusher Ave.
Kielton, Melvyn J.....319 W. Lusher Ave.
Kintner, Burton E.....506 S. Second St.
Kistner, Arthur W.....400 Equity Bldg.
Klassen, Otto D.....2600 Oakland Ave. (46517)
Koehler, Elmer G.....416 W. Lexington Ave.
Krause, Frederick.....4117 S. Main St. (46517)
Lundt, Milo O.....521 S. Second St.
Luther, William C.....Ames Company, Inc.
McArt, Bruce A.....221 W. Jefferson
Mark, George A.....413 W. Franklin St.
Martin, Charles F.....Miles Laboratories
Martin, Paul H.....313 N. Second St.
Middleton, Ramona J.....1400 Hudson St.
Miller, Donald G.....4634 W. Indiana Ave. (46517)
Miller, Galen R.....403 S. Ninth St.
Miller, Hugh A., Jr.....1127 Myrtle St. (46518)
Miller, Samuel T. (S).....506 S. Second St.
Mininger, Edward P.....1400 Hudson St.
Mishkin, Irving.....209 S. Second St.
Paff, William A.....115 S. Third St.
Paine, George E.....329 Meisner Ave. (46518)
Pancost, Vernon K.....1000 W. Marion St.
Parshall, Dale B.....3528 Gordon Rd. (46518)
Pletcher, William D.....405 S. Second St.
Rouen, Robert L.....1209 Harrison St.
Rupe, Lloyd O.....211 S. Fifth St.
Rupel, Dennis F.....2600 Oakland Ave. (46517)
Scheer, Alexander L.....405 S. Second St.
Schlosser, Herbert C. (S).....116 W. Marion St.
Sears, Murray M. (S).....304 Equity Bldg.
Spitz, R. H.....2910 Greenleaf Blvd. (46518)
Spray, Page E.....320 W. High St.
Stubbins, William M.....1006 W. Franklin St.
Swank, Lucretia R.....1600 E. Jackson Blvd.
Swihart, Danny D.....506 S. Second St.
Swihart, Homer R.....1200 W. Marion St.
Wilson, Orley E.....217 N. Main St.
Yoder, C. Richard.....603 Oakland Ave.
Zeitler, Philip S.....1400 Hudson St.

Goshen

(*Zip Code* 46526)

Bender, John M.....112 W. High Park Ave.
Bigler, Frederick W.....314 S. Fifth St.
Bowser, Philip G.....107 S. Fifth St.
Chandler, Leon H.....112 E. Lincoln Ave.
Gunderson, Shaun D.....Goshen General Hospital
Harris, Neil R.....307 S. Seventh St.
Hostetler, Carl M.....304 E. Lincoln Ave.
Kennedy, Myron S.....314 S. Fifth St.
Krabill, Willard S.....110 W. High Park Ave.
Martin, Floyd S.....127 E. Lincoln St.
Minter, Donald L.....110 W. High Park Ave.
Quilty, Thomas J.....112 E. Madison St.
Simmons, Lloyd H. (S).....606 S. Third St.
Smucker, Ernest E.....112 S. Fifth St.
Troyer, Dana O.....201 E. Clinton St.
Troyer, George W.....110 W. High Park Ave.
Turner, John P.....115 E. Washington St.
Wagner, David G.....307 S. Seventh St.
Westfall, George S.....214 E. Lincoln Ave.
Young, Ralph H.....113 E. Madison St.

Teters, Melvin S. (S).....Middlebury (46540)
Yoder, Carl J.....Middlebury (46540)
Yoder, Jonathan G.....Middlebury (46540)
Rheinheimer, Floyd L.....Milford (46542)
Massanari, Walter S.....Millersburg (46543)

Nappanee

(*Zip Code* 46550)

Kendall, Forest M.....219 W. Market St.
Price, Douglas W.....162 E. Market St.
Roose, Lisle W.....357 N. Nappanee St.
Wenger, James E.....357 N. Nappanee St.

DeFries, John J.....New Paris (46553)

Clark, Jack P.....303 S. Hunnington, Syracuse (46567)
Craig, Robert A.....P. O. Box 607, Syracuse (46567)
Fosbrink, Ephraim L...107 E. Main St., Syracuse (46567)
Zimmerman, William H.....R. R. No. 2, Syracuse (46567)

Guttman, John B.....Wakarusa (46573)
Miller, James.....Wakarusa (46573)

Todd, David D. (S)
5835 Beaumont Ave., La Jolla, Calif. (92037)

FAYETTE-FRANKLIN COUNTIES

Brookville

(*Zip Code* 47012)

Peters, Elmer E.....830 Main St.
Seal, Perry F.....901 Main St.
Smith, Herbert N.....812 Main St.

Connersville

(*Zip Code* 47331)

Ellis, George M.....108 E. 10th St.
Gregg, Albert F.....124 E. Sixth St.
Hudson, Arlington M.....321 W. 20th St.
Kerrigan, William F.....707 W. Third St.
Lockhart, Jack M.....707 W. Third St.
Mountain, Francis B.....930 Central Ave.
Neukamp, Frank H.....707 W. Third St.
Passino, James W.....Fayette Memorial Hospital
Sanders, Bertram W.....634 Eastern Ave.
Steinem, Joseph L.....812 Grand Ave.
Watterson, Gerald T.....1910 Virginia Ave.
Winklepleck, A. M.....R. R. #6

FLOYD COUNTY

New Albany

(*Zip Code* 47150)

Baker, Avey M. (S).....811 E. Spring St.
Baxter, Samuel M. (S).....1201 E. Spring St.
Bickers, Everett E.....3541 Paoli Pike
Brown, Kenneth H.....410 E. Spring St.
Buchman, Marshall H.....1824 State St.
Cannon, Daniel H.....1203 E. Spring St.
Cook, Melvin D.....919 E. Spring St.
Edwards, William F.....604 E. Spring St.
Garner, William H., Jr.....919 E. Spring St.
Garner, William H., Sr. (S).....919 E. Spring St.
Gentile, John P.....101 Adams St.
Geyer, Joseph H.....Southern Indiana Tuberculosis Hosp.
Harris, Leo C.
Southern Indiana Tuberculosis Hosp.
Hess, Paul P.....Floyd Co. Bank Bldg.
Higgins, John R.....700 E. Spring St.
Johnson, William V.....1850 State St.
LaFollette, Donald R.....1000 E. Spring St.
LaFollette, Robert E.....1000 E. Spring St.
McCullough, James Y.....700 E. Spring St.
Nedelkoff, Bogdan.....R. R. 2, Box 500H
Paris, John M.....602 E. Spring St.
Pierce, Gene S.....1696 Garretson Lane
Robertson, Addis N. (S).....820 E. Spring St.
Robinson, Nan.....1726 State St.
Ruoff, William F.....1109 Lafayette Dr.
Shelton, Clyde F.....1726 State St.
Sonne, Irvin H., Jr.....1850 State St.
Streepey, Jefferson I.....1102 E. Spring St.
Tyler, Frank T. (S).....Hausfeldt Lane
Voyles, Harry E.....213 Elsby Bldg.
Wallace, Elmer L.....1516 State St.
Wolfe, Morton F.....2533 Glenwood Ct.
Wolfe, Nelson A.....1117 E. Spring St.
Worley, Henry L.....601 E. Spring St.
Youngs, Paul E.....2652 Charlestown Rd.

Allen, George S.....Georgetown (47122)
Byrn, Howard W. (S).....Oxford (47971)
Sloan, Herbert P...Lincoln Heights, Jeffersonville (47130)

FOUNTAIN-WARREN COUNTIES

Attica

(*Zip Code* 47918)

Fisher, John E.....217 S. Perry St.
Maris, Lee J.....201 Brady St.
Petrich, Peter R.....401 S. Perry St.
Raymundo, Vivencio F.....401 S. Perry St.
Ringer, William A.....401 S. Perry St.

Covington
(*Zip Code* 47932)

Hoffman, Max N.....416 Union St.
Humphrey, Edward M.....Olin Mathieson Corp.
Stephens, Lowell R.....600 E. Liberty St.
Suzuki, Tsutomu T.....505 Washington St.

Furr, Jack D.....Kingman (47952)
Smith, Byron J.....Kingman (47952)
Person, Theodore C.....Veedersburg (47987)
Rusk, Hubert M.....Wallace (47988)
Nelson, Carl A.....West Lebanon (47991)

FULTON COUNTY

Herrick, Charles L.....Akron (46910)
Miller, Virgil C.....Akron (46910)
Kraning, Kenneth K.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Elbie V.....120 W. Ninth St.
Knochel, Wayne L.....819 E. Ninth St.
Richardson, Charles L.....121 W. Eighth St.
Richardson, Joseph D.....121 W. Eighth St.
Rowe, Howard H.....720 Jefferson St.
Rusler, William J.....817 E. Ninth St.
Stinson, Dean K.....816 Main St.
Stone, Grant C.....819 E. Ninth St.

GIBSON COUNTY

Geick, Raymond G.....Fort Branch (47533)
Marchand, Edwin V.....Haubstadt (47539)
Petitjean, Harold G.....Haubstadt (47539)
Dye, William E.....Oakland City (47560)

Princeton
(*Zip Code* 47570)

Folck, John K.....115 N. Prince St.
Graves, Orville M. (S).....116 S. Hart St.
McCarty, Virgil.....113 S. Main St.
McElroy, Robert S.....116 S. Main St.
Noveroske, Richard J.....Gibson General Hospital
Peck, James F.....302 N. Prince St.
Weitzel, Roland E.....114 S. Hart St.
Wells, William R.....109 E. State St.

Brazelton, O. T. (S)
13601 Cedar Crest Lane, Apt. 100-G,
Seal Beach, Calif. (90740)

GRANT COUNTY

Breedlove, C. Dane.....Fairmount (46928)
Yale, Charles A.....Fairmount (46928)
Garrison, Leon J..... 114 S. First St., Gas City (46933)
Koontz, William A.....126 E. Main St., Gas City (46933)
Shoemaker, Richard L...604 N. Third St., Gas City (46933)
Rhamy, Donald 8448 Spring Mill Ct., Indianapolis (46260)
Baskett, Russell J.....Jonesboro (46938)

Marion
(*Zip Code* 46952)

Abell, Charles F.....500 Wabash Ave.
Alderfer, Henry H.....131 N. Washington St.
Ansbacher, Stefan (H).....P.O. Box 149
Ayres, Wendell W.....500 Wabash Ave.
Bailey, Douglas A.....1251 Kem Rd.
Bloom, Asa W.....724 W. Third St.
Boyer, Grace M. B.....605 Locust St.
Brown, Robert M....520 Marion Nat'l Bank Bldg.
Comeau, William J.....Marion General Hosp.
Cunningham, Robert D.....500 Wabash Ave.
Custer, Norman L.....131 N. Washington St.
Davis, Joseph B.....131 N. Washington St.
Davis, Merrill S. (S).....131 N. Washington St.
Donaldson, Miles W.....2927 S. Washington St.
Dunbar, Fred E.....1251 Kem Rd.
Fisher, Henry.....1502 S. Washington St.
Fisher, Pierre J., Jr.....500 Wabash Ave.
Fuelling, James L.....131 N. Washington St.
Ganz, Max.....1251 Kem Rd.
Goldsmith, David A.....2711 River Rd.
Grant, M. Arthur.....P. O. Box 989
Hummel, Russel M.....500 Wabash Ave.
Jarrett, John C.....131 N. Washington St.
Lahr, Richard E.....1121 W. Third St.
Larzelere, Henry B.....131 N. Washington St.
Lavengood, Russell W.....225 Glass Block
Long, Max R.....803 S. Boots St.
Lonngren, Dudley H.....131 N. Washington St.
Love, V. Logan.....131 N. Washington St.
McKeever, Joseph W.....131 N. Washington St.
Miller, H. Allison.....320 Glass Block
Musselman, Lawrence K.....500 Wabash Ave.
Pattison, John D.....131 N. Washington St.
Pearcy, Marcene.....500 Wabash Ave.
Powell, J. Paxton.....500 Wabash Ave.
Reid, James D.....500 Wabash Ave.
Renbarger, Lester L.....1531 W. Second
Rhamy, Arthur P.....500 Wabash Ave.
Rhorer, John G.....500 Wabash Ave.
Richardson, Joseph H.....131 N. Washington St.
Schroeder, Robert W.....317 N. Western Ave.
Simmons, Frederick H.....1009 N. Baldwin
Skomp, Claud E.....500 Wabash Ave.
Smith, Barton T.....131 N. Washington St.
Snowhite, Arthur B.....500 Wabash Ave.
Thompson, B. Jay.....Marion General Hosp.
Thompson, John R.....1251 Kem Rd.
Walton, R. Lee.....131 N. Washington St.
Warren, Carroll B.....511 Glass Block
Watkins, James K.....131 N. Washington St.
Weinberg, Samuel.....104 W. Third St.
Wilson, Ned A.....317 N. Western Ave.
Wojcik, Ladislas D.....131 N. Washington St.
Woodbury, John W.....131 N. Washington St.
Young, Robert G.....1207 Northwood Ct.

Beck, Thomas A.....Swayzee (46986)
Taylor, Everett C.....Upland (46989)
Rifner, Eugene S.....Van Buren (46991)

GREENE COUNTY

Bloomfield
(*Zip Code* 47424)

Graf, Jerome A.....227 W. Mechanic St.
Mount, Mathias S.....55 N. Franklin St.
Turner, Harold B. (S).....126 E. Indiana Ave.
Turner, Jack J.....126 E. Indiana Ave.

Jasonville
(*Zip Code* 47438)

Porter, Carl M.....124 Cook St.
Rotman, Harry G.....111½ E. Main St.
Rotman, Sam I.....P. O. Box 127

Linton
(*Zip Code* 47441)

Bailey, Edwin B.....129 E. Vincennes
Broshears, Kenneth P.....129 E. Vincennes
Raney, Ben B.....129 E. Vincennes
Tomak, Milton E.....289 N. Main St.
Woner, John W.....Linton

Moses, George E.....Worthington (47471)
Moses, Robert E.....Worthington (47471)

HAMILTON COUNTY

Karlick, Joseph R.....Arcadia (46030)
Donahue, Claude M.....Carmel (46032)
Thomas, W. Clayton.....Carmel (46032)
Havens, Oscar.....Cicero (46034)
Ayers, Marion E.....10447 College Ave., Indianapolis (46280)

Noblesville
(*Zip Code* 46060)

Ambrose, Jesse C.....298 N. Ninth St.
Blackburn, Howard R.....Riverview Hospital
Campbell, Sam W.....88 S. 19th St.
Carter, Eunice M.....1084 Clinton St.
Harris, Robert F.....120 N. Ninth St.
Hash, John S.....110 Lakeview
Haywood, John G.....120 N. 11th St.
Lanning, R. Adrian.....10th and North Dr.
Lloyd, Joe R.....107 John St.
Shanks, Ray W.....1507 Logan St.
Southard, Carl B.....55 S. 16th St.

Griffith, James W. (S).....Sheridan (46069)
Manhart, Doyle B.....Sheridan (46069)
Newby, Eugene.....Sheridan (46069)
Waitt, Paul.....Sheridan (46069)
Connoy, Leo F.....Westfield (46074)

HANCOCK COUNTY

Scott, Robert O.....Charlottesville (46117)
Garrison, James L.....Cumberland (46229)
Navin, Hugh K.....Fortville (46040)
Rhynearson, Hal R.....Fortville (46040)

Greenfield
(*Zip Code* 46140)

Anderson, James T.....114 N. State St.
Beeson, Wilbur P.....1001 N. State St.
Endicott, Wayne H. 10 W. Boyd St.
Farrell, John J., Jr.....1001 N. State St.
Henn, R. Anthony.....137 Michigan St.
Hunter, Donn R.....10 W. Boyd St.
Kinneman, Robert E.....1038 N. State St.
Kirby, Ted C.....1001 N. State St.
Moenning, John E.....114 N. State St.
Rea, Ralph L.....114 N. State St.
Singco, Bienvenido O.....744 N. State St.
Smith, John H.....114 N. State St.
Vingis, Bronie A.....746 N. State St.

Cagle, Bob R.....New Palestine (46163)
Pierson, Thomas A.....New Palestine (46163)
Freeborn, Warren S., Jr.....Oaklandon (46236)
Miller, Joseph A.....Oaklandon (46236)
Gibbs, Charles M. (S)..Methodist Home, Warren (46792)
Kuhn, Robert W.....Wilkinson (46186)

HARRISON-CRAWFORD COUNTIES

Corydon
(*Zip Code* 47112)

Blessinger, Louis H.....101 W. Chestnut St.
Brockman, Wilfred J.....439 E. Chestnut
Dillman, Carl E.....Beaver & Oak Sts.
Dukes, David J.....439 E. Chestnut St.
Jordan, Richard A.....Harrison Dr.
Martin, Samuel W.....R.R. 1

Baker, Guy D. (S).....Crandall (47114)
Seipel, Stanley.....Lanesville (47136)
Benz, Jesse C. (S).....Marengo (47140)

Mathys, Alfred (S).....234 E. Walnut St., Louisville, Ky. (40202)

HENDRICKS COUNTY

Brownsburg
(*Zip Code* 46112)

Black, M. James.....702 E. Main St.
Foltz, Lloyd E.....20 W. Main St.
Scudder, Arthur N.....24 N. Grant St.
Walker, Thomas M.....702 E. Main St.

Danville
(*Zip Code* 46122)

Cheesman, Donald D.....637 E. Main St.
Heinlein, Carl L.....637 E. Main St.
Kirtley, Robert W.....138 W. Marion St.
Koch, Elmer L.....201 E. Columbia St.
Southard, James E.....985 W. Main St.
Terry, Lloyd S.....138 W. Marion St.

Chase, Thomas P.
Avon, Box 300C, R. R. 8, Indianapolis (46168)
Ellis, Lyman H.....Lizton (46149)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville (46151)
Wiseheart, Oscar H. (S).....North Salem (46165)
Scamahorn, Malcolm O.....Pittsboro (46167)

Plainfield
(*Zip Code* 46168)

Aiken, Milo M.....140 N. Center St.
Cohen, Irving.....645 E. Main St.
Haggard, David B.....P. O. Box 191
Stafford, William C.....P.O. Box 97
Warbinton, Fred P.....P. O. Box 337

HENRY COUNTY

Donahue, Francis E.....Dublin (47335)
Hollenberg, Alfred E.
700 N. Washington St., Hagerstown (47346)
Miller, William A..99 S. Washington, Hagerstown (47346)
Wiatt, Leonard H.....Knightstown (46148)
Stauffer, George E.....Mooreland (47360)

New Castle
(*Zip Code* 47362)

Amos, Robert L.....540 S. Main St.
Bledsoe, James G.....319 S. 14th St.
Brock, Joseph T.....New Castle State Hosp.
Burnett, Arthur B.....106 N. Main St.
Cain, David R.....1912 Bundy Ave.
Dye, Cloyd L.....1007 N. 16th St.
Easter, James N.....1912 Bundy Ave.
Fisher, John E.....540 S. Main St.
Foster, Ray T.....420 N. Main St.
Grant, Phyllis A.....3007 S. 14th St.
Harrison, Benjamin L.....540 S. Main St.
Heilman, William C., Jr.....1007 N. 16th St.
Heilman, William C. (S).....1007 N. 16th St.
Hill, Kenneth G.....530 S. Main St.
Iterman, George E. (S).....1007 N. 16th St.
Kennedy, Walter U. (S).....208 Union Block
Life, Homer L.....1015 Broad St.
May, A. J.....319 S. 14th St.
McDonald, Frank C.....365 Parkside Dr.
McElroy, James S.....1007 N. 16th St.
McKee, Roy G.....606 N. Fair Oaks Dr.
Murray, William E.....New Castle State Hosp.
Saint, William K.....540-B S. Main St.
Smith, Mark E.....1007 N. 16th St.
Steussy, Calvin N.....Henry Co. Hospital
Stricker, Paul J.....319 S. 14th St.
Vivian, Donald E.....Henry County Hospital
Wilhelm, Guido P.....1007 N. 16th St.

Robertson, William S.....Spiceland (47385)

HOWARD COUNTY

Denton, Larkin D.....Greentown (46936)
Shoup, Homer B. (S).....Greentown (46936)

Kokomo
(*Zip Code* 46901 *unless otherwise indicated*)

Althoff, William R.....Chrysler Corporation
Alward, John H.....321 W. Walnut St.
Artis, Myrle E.....519½ N. Main St.
Ault, Carl H.....502 S. Berkley Rd.
Bowers, Copeland C.....210 W. Mulberry St.
Bowers, Garvey B.....210 W. Mulberry St.
Bowers, John A.....210 W. Mulberry St.
Bradley, Richard V.....429 W. Lincoln (46902)
Brown, Richard J.....404 S. Berkley Rd.
Bruegge, Theodore J.....315 S. Berkley Rd.
Cattell, Lee M.....402 S. Berkley Rd.
Clarke, Elton R. (S).....4320 W. Sycamore Lane
Conley, Thomas M.....500 Southway Blvd., East
Craig, Reuben A. (S).....514 W. Superior St.
Craig, Reuben.....514 W. Superior St.
Crawford, Theodore R.....2114 W. Sycamore St.
Das, Amal K.....401 E. Reynolds Dr. (46902)
DeBrota, John, Jr.....3421 S. Lafountain (46902)
Earl, Max M.....502 S. Berkley Rd.
Elleman, John H.....416 W. Mulberry St.
Ericson, Homer S.....107 S. Dixon Rd.
Farrell, Thomas E.....Howard Community Hosp.
Fields, Donald L.....3520 S. Lafountain (46902)
Frazier, John L.....506 Southway Blvd., East (46902)
Fretz, Richard C.....2008 W. Sycamore St.
Golper, Marvin N.....1907 W. Sycamore St.
Good, Richard P.....400 S. Berkley Rd.
Grothouse, Carl B.....402 S. Berkley Rd.
Guin, Jere D.....406 S. Berkley Rd.
Halfast, Richard W.....402 S. Berkley Rd.
Harshman, James A.....St. Joseph Hospital
Harvey, Emerson C., Jr...Delco Radio Division
Higgins, Jack W.....400 S. Berkley Rd.
Hoyt, John M.....3501 Hawthorne Lane (46902)
Hutto, William H.....215 W. Superior St.
Jewell, George M.....610 Armstrong-Landon Bldg.
Kremers, George A.....404 S. Berkley Rd.
Lehman, David P.....429 W. Lincoln (46902)
Longshore, Robert E.....2016 W. Sycamore St.
McClure, Warren N.....319 S. Berkley Rd.
McIndoo, Ralph E. (S).....313 W. Taylor St.
Mendelson, Stanley M.....401 E. Reynolds Dr. (46902)
Michael, Robert L.....321 W. Walnut St.
Moore, John M.....3520 S. Lafountain (46902)
Morrison, William R. (S)..504 Union Bank Bldg.
Murray, Ernest C.....408 W. Mulberry St.
Paris, Durward W...614 Armstrong-Landon Bldg.
Perkins, Powell L.....317 S. Berkley Rd.
Phares, Robert W.....1712 S. Malfalfa Rd. (46902)
Prather, Philip E.....909 S. Courtland
Radpour, Shokri.....2004 W. Sycamore
Ramey, John W. (S).....107½ S. Union St.
Rhorer, Herbert M. (S).....417 W. Sycamore St.
Rinehart, James J.....401 E. Reynolds Dr. (46902)
Rudicel, Max.....1907 W. Sycamore St.
Schwartz, Frederick C.....2016 W. Sycamore
Sekulich, Milo.....St. Joseph Hospital
Smith, Charles F.....Howard Community Hosp.
Smith, Gloster J.....102½ S. Main St.
Spangler, Jesse S.....215 E. Taylor St.
Tate, James.....3520 S. Lafountain (46902)
Tofaute, John L.....402 S. Berkley Rd.
Townley, Normand T.....429 W. Lincoln (46902)
Trimble, John G.....116 S. Buckeye St.
Van Denbark, Howard M.....3520 S. Lafountain (46902)
Wachob, Tom W., Jr.....3520 S. Lafountain (46902)
Wilson, Norman K.....3421 S. Lafountain (46902)

Ware, John R.....Russiaville (46979)

HUNTINGTON COUNTY

(*Zip Code* 46750)

Huntington

Brubaker, Harold S.....42 W. Park Dr.
Casey, Stanley M. (S).....408 E. Market St.
Clark, Joseph H.....818 W. Park Dr.
Clunie, William A.....323 W. Park Dr.
Cope, Stanton E.....1022 N. Jefferson St.
Doermann, Paul E. 340 E. Market St.
Erehart, Mark G. (S)..Maple Grove Rd., R. R. 8
Eviston, John B. (S).....34 E. Washington St.
Gill, D. Richard.....1751 N. Jefferson St.
Grayston, Wallace S. (S).....303 E. Market St.
James, Thomas, Jr.....202 U. B. Publishing Bldg.
Johnston, Robert G. (S).....339 E. Market St.
Marks, Howard H.....248 W. Park Dr.
Meiser, Robert D.....612 N. Jefferson St.
Miller, Wayne S.....610 N. Jefferson St.
Peare, Reeve B.....1751 N. Jefferson St.
Van Campen, Warren M.....3 Park Moor Dr.
Wagner, Richard.....1355 Guilford
Wheeler, Barth E.....722 N. Jefferson

Cooper, B. Trent.....Roanoke (46783)
Bennett, J. B.....Warren (46792)
Ray, Carl S.....Warren (46792)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R.....Brownstown (47220)
Shields, Jack E.....Brownstown (47220)
Guthrie, William H. Muscatatuck State School, Butlerville (47223)
Knotts, Slater.....R. R. 3, Columbus (47201)
Adair, William K. (S) 115 Armstrong, Crothersville (47229)
Bard, Frank B...305 E. Howard St., Crothersville (47229)
Butler, Joe B.....508 E. Moore St., Crothersville (47229)
Scharbrough, William D.....Ewing (47233)

North Vernon

(*Zip Code* 47265)

Berkshire, Shaffer B.....Long St.
Calli, Louis J.....408 S. State St.
Ellis, Forrest D.....241 Norris Ave.
Johnson, William A.....245 Norris Ave.
Thayer, Benet W.....20 Jackson St.

Seymour

(*Zip Code* 47274)

Baxter, Harry R.....326 N. Walnut St.
Black, Joe M.....502 W. Second St.
Bobb, Kenneth E.....410 S. Chestnut St.
Bosch, Ralph.....635 W. Second St.
Day, William D. C.....410 S. Chestnut St.
Graessle, Harold P. (S).....304 W. Second St.
Miller, Harold E.....303 S. Walnut St.
Osterman, Louis H. (S).....901 Garden Ave.
Ripley, John W..... 321 Bruce St.
Templeton, Ian S..... 207 N. Pine St.
Wiethoff, Clifford A.....214 N. Walnut St.

JASPER COUNTY

Schantz, Richard.....Remington (47977)

Rensselaer

(*Zip Code* 47978)

Beaver, Ernest R.....111 Thompson St.
Greene, Robert W.....116 N. Cullen
Jones, Edwin F..... Jasper County Hosp.
O'Brien, Francis E. McKinley and Washington Sts.
Ockermann, Kenneth R.....119 W. Harrison St.
Williams, Paul A.....119 W. Harrison St.

JAY COUNTY

Dunkirk

(*Zip Code* 47336)

Entner, Charles L.....226 S. Meridian St.
Shroyer, Herbert L.....244½ S. Main St.
Tate, Elizabeth..... 317 S. Main St.

Andrews, C. Franklin.....R. R. 1, Geneva (46740)

Portland

(*Zip Code* 47371)

Cripe, William H. 302 N. Meridian St.
Donnally, George A.....Jay County Hospital
Fitzpatrick, James S.....603 W. Arch St.
Gillum, Eugene M.....522 W. Arch St.
Keeling, Forrest E.....504 W. Arch St.
Lopez, Alfonso.....16 Weiler Bldg.
Lyon, Florence M.....127 E. North St.
Schenck, Ralph E.....603 W. Arch St.
Spahr, Donald E.....615 W. Race St.
Steffy, Ralph M.....504 W. Arch St.
Vormohr, Joseph F.....604 W. Arch St.

JEFFERSON-SWITZERLAND COUNTIES

Madison

(Zip Code 46952)

Alcorn, Merritt O.....R. R. 2
Bryan, Paul E.....Madison State Hospital
Childs, Wallace E.....112 Presbyterian Ave.
Davis, Lloyd H. (S).....Madison State Hospital
Fong, Theodore C. C.....Madison State Hospital
Haney, William K...P. O. Box 846, Madison Station
Hare, Francis W., Jr.....722 W. Main St.
Harris, George F.....445 Clifty Dr.
Heaton, Elton.....1950 Valley Vista Ct.
Howard, R. Brooks....Kings Daughters Hospital
Jackson, Howard C.....104 E. Third St.
Johnson, Robert D.....722 W. Main St.
Jolly, Lewis E.....722 W. Main St.
Karnafel, Eugene T.....2300 Ross St.
McAtee, Ott B.....Madison State Hospital
Modisett, Jackson W.....722 W. Main St.
Modisett, Marcella S.....722 W. Main St.
Pratt, Ralph M., Jr.....323 Poplar St.
Riley, Henry S.....722 W. Main St.
Rucker, Warren R.....426 E. Main St.
Shuck, William A.....Odd Fellows Bldg.
Sloan, W. Keith.....426 E. Main St.
Stiles, William J.....2249 Crescent
Turner, Anna Goss.....602 E. Second St.
Wyman, George P.....Madison State Hospital
Zink, Robert O.....722 W. Main St.

Graves, Noel S.....Vevay (47043)
Hamilton, Antha A.....Vevay (47043)

JOHNSON COUNTY

Franklin

(*Zip Code* 46131)

Andrews, Hugh K.....1035 W. Jefferson St.
Bullers, Robert C.....395 S. Home Ave.
Chappel, Alfred T.....100 N. Main St.
Deppe, Charles F.....301 E. Jefferson St.
Ferrara, Joseph F.....1107 N. Main St.
Foster, Robert H. K.....301 E. Jefferson St.
Hibbs, William G.....Masonic Hospital
Jones, Charles A.....251 E. Jefferson St.
Mock, Harry E., Jr.....901 N. Main St.
Province, William D.....100 N. Main St.
Records, Arthur W.....198 E. Jefferson St.
Records, John M.....198½ E. Jefferson St.
Reynolds, Paul.....1035 W. Jefferson St.
Ritteman, George W..Johnson Co. Memorial Hosp.
Stogsdill, Willis W.....R. R. 4
Walters, Jack L.....1551 N. Main St.
Waymire, William M.....1551 N. Main St.
Wesemann, Merrill M.....251 E. Jefferson St.

Greenwood

(*Zip Code* 46142)

Barnes, Helen Beall.....360 S. Madison Ave.
Brown, George E.....374 S. Madison Ave.
Link, Charles W., Jr.....365 E. Main St.
Machledt, John H.....243 S. Madison Ave.
Ogle, Robert W.....360 S. Madison Ave.
Sheek, Kenneth I.....360 S. Madison Ave.
Snodgrass, Robert E.....480 Beech Park Dr.
Tiley, George A.....41 N. Madison Ave.
Young, Joseph W.....365 E. Main St.

Bullington, George E.....Whiteland (46184)

KNOX COUNTY

(*Zip Code* 47512)

Bicknell

Byrne, Robert J.....207 N. Main St.
Wilson, Guy H.....120 W. Third St.
Springstun, George H.....Oaktown (47561)

Vincennes

(*Zip Code* 47591)

Anderson, John B.....Security Bank Bldg.
Anderson, Richard M.....Security Bank Bldg.
Arbogast, Paul B.....915 Main St.
Barrett, Thomas L.....307 S. Fifth St.
Bartlett, Donald T.....307 S. Fifth St.
Beckes, Ellsworth W.....220 N. Fifth St.
Black, Boyd K.....Good Samaritan Hospital
Cantwell, Edgar R.....202 Broadway St.
Chattin, Herbert O.....729 Main St.
Coffel, Melvin H.....214 Buntin St.
Corsentino, Bart E.....Good Samaritan Hospital
Curtner, Myron L. (S).....222 N. Sixth St.
Edwards, Edward T.....34 S. Seventh St.
Ewing, Nathaniel D.....719 Nicholas
Hendrix, Charles E.....603 Busseron St.
Hoffman, Doris.....720 Perry St.
Humphreys, Joe E.....1516 N. Second St.
Jacqmain, Ralph J.....609 Dubois St.
McCormick, Hubert D. (S).....327 Busseron St.
McDowell, Mordecai M.....611 Dubois St.
Miller, Charles L.....301 American Bank Bldg.
Moore, Robert G.....21 N. Third St.
Nichols, Robert J.....605 Busseron St.
Parmenter, Harry B.....301 American Bank Bldg.
Reilly, James F.....401 Buntin St.
Shaffer, Kenneth L.....404 LaPlante Bldg.
Shanklin, Jack L.....607 Dubois St.
Smith, Ralph O.....603 Busseron St.
Smith, S. Joseph.....317 Security Bank Bldg.
Spencer, Frederic.....429 S. Sixth St.
Stein, Richard H.....301 American Bank Bldg.
Stewart, J. Frank W.....Hillcrest Hospital
Vaughn, Walter R.....615 Dubois St.
von der Lieth, William C.....14 S. Third St.
Welch, Norbert M.....615 Dubois St.

Combs, Daniel J.
165-A Hillcrest, DeRidder, La. (70634)
McMahan, Virgil C.....7 LaDoga Ave., Danis Island, Tampa, Fla. (33606)

KOSCIUSKO COUNTY

Gill, Dee D.....Leesburg (46538)
Urschel, Dan L.....Mentone (46539)
Wilson, Wymond B.....Mentone (46539)
Pierson, Pearl H.....Silver Lake (46982)

Warsaw

(*Zip Code* 46580)

Arford, John E.....827 S. Union St.
Baum, John R.....212 S. Indiana
Brooks, Leonard C.....2022 E. Winona Ave.
Cron, William J.....827 S. Union St.
Dormire, Robert D.....827 S. Union St.
DuBois, Charles C. (S).....800 E. Center St.
Hashemi, Hossein.....215 S. High St.
Haymond, George.....945 Country Club Lane
Hogle, Frank D.....R. F. D. 2
Keough, Thomas F.....600 E. Winona Ave.
Shrader, Carl E.....600 E. Winona Ave.
Snider, Roland.....422 S. Buffalo St.
Thomas, Everett W.....212 S. Indiana

LAGRANGE COUNTY

Taylor, M. Reed, Jr.....Howe (46746)
Yunker, Philip E.....Howe (46746)

LaGrange

(*Zip Code* 46761)

Benedict, Charles D.....R. R. 4
Flannigan, Harley F.....213 W. Lafayette
Mellinger, Michael O.....Medical Bldg.
Studebaker, Lloyd R.....Medical Bldg.

Lehman, Kenneth M.....Topeka (46571)
Weir, Dale C.....3030 Beals Branch Rd., Louisville, Ky. (40206)

LAKE COUNTY

Cedar Lake

(*Zip Code* 47016)

Babcoke, Gary A.....R. R. 2, Box 337
King, Robert W.....R. R. 1, Box 6
Miller, Donald C.....R. R. 2, Box 337
Misch, William.....R. R. 2, Box 337

Crown Point

(*Zip Code* 46307)

Birdzell, John P.....124 N. Main St.
Carpenter, Bennie F.....123 N. Court St.
Carroll, Mary E.....124 N. Main St.
Doherty, Raymond J.....47 W. 68th Place
DuSold, Donald D.....R. R. 1, Box 122
Fadul, Armand.....47 W. 68th Pl.
Gray, Daniel E.....182 W. North St.
Gutierrez, Peter E.....123 N. Court St.
Horst, William N.....123 N. Court St.
Majsterek, Stanley L.....R. R. 4, Box 31-B
Monroe, F. Bruce.....40 West 73rd St.
Russo, Andrew E.....123 N. Court St.
Steele, Everett B.....318 S. East St.
Troutwine, William R.....224 S. Court

Theobald, Sterling.....212 Joliet St., Dyer (46311)

East Chicago

(*Zip Code* 463 *plus zone number*)

Barron, Elmer A.....3414 Michigan Ave. (13)
Benchik, Frank A.....4712 Magoun Ave. (14)
Boys, Fay F.....4712 Magoun Ave. (14)
Braun, Benjamin D..St. Catherine's Hospital (12)
Broomes, Edward L. C.....2402 Broadway (13)
Bryant, Edward G.....2220 Broadway (13)
Campagna, Ettor A.....3406 Guthrie St. (13)
Dainko, Alfred J.....915 W. Chicago Ave. (14)
del Bando, Juan N.....3210 Watling (13)
Feinberg, Irwin I.....1802 E. Columbus Dr. (13)
Fleischer, Jacob C.....4035 Elm St. (13)
Given, Gilbert Z.....1802 E. Columbus Dr. (13)
Govorchin, Alexander.....4614 Baring (14)
Grosso, William G.....1919 E. Columbus Dr. (13)
Harper, James W.....3847 Euclid (13)
Hayes, Jesse D.....4804 Alexander (12)
Hernandez, I. C.....1802 Columbus Dr. (13)
Jacobo, Miguel J.....1419 Carroll St. (14)
Kmak, Chester J.....815 W. Chicago Ave. (14)
Kopanko, Bernard F...915 W. Chicago Ave (14)
Levin, Eli L. (S).....4105 Grand Blvd. (13)
McGuire, Desmond F. (S)
3429 Michigan Ave. (13)
Malloy, Francis E., Jr.....4321 Fir St. (12)
Marks, Ora L.....815 W. Chicago Ave. (14)
Marquinez, Adoracion A..2102 Lituanica Ave. (12)

Martirez, Napoleon A.
4710 Indianapolis Blvd. (14)
Milan, Shijachki D.....622 W. Chicago Ave. (14)
Nicosia, John B.....1802 E. Columbus Dr. (13)
Noe, Joseph T.....3210 Watling St. (13)
Payne, Arthur C. (S).....2020 Broadway (13)
Ramos, John C.....3738 Main St. (13)
Reitman, Paul H.....4321 Fir St. (12)
Romero, Plinio.....3807 Main St. (13)
Serna, Jesus A.....3619 Main St. (13)
Shapiro, Seymour W.....3701 Main St. (13)
Shulruff, Harry I.....3701 Main St. (13)
Strom, Jack.....1820 E. Columbus Dr. (13)
Teegarden, Joseph A., Jr.
1919 E. Columbus Dr. (13)
Teplinsky, Louis L...1802 E. Columbus Dr. (13)
Trepagnier, Francis B.....2108 Broadway (13)
Vergara, Abelardo.....4124 Elm St. (13)
Walker, Adolph P.....1820 E. Columbus Dr. (13)
Wang, Tieh C.....4321 Fir St. (12)

Gary

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L.....3290 Grant St. (08)
Agana, Adriano A.....5000 W. Ridge Rd. (08)
Alfano, Paul A.....2717 Wabash (04)
Almquist, Carl O. (S).....504 Broadway (02)
Alvarez, Paul.....4655 Broadway (09)
Ambrozaitis, Kazys.....1600 W. Sixth Ave. (02)
Amico, Pasquale J.....6111 Harrison St. (08)
Angeles, Uldarico A.....504 Broadway (02)
Barton, Reginald R.....427 S. Lake (03)
Behn, Walter M. (S)....1514 W. Fifth Ave. (02)
Bendler, Carl H.....3290 Grant St. (08)
Bergal, Milton B.....504 Broadway (02)
Bernard, Marvin R.....4431 Broadway (09)
Bills, R. James.....504 Broadway (02)
Bills, Robert N. (S).....504 Broadway (02)
Boone, Clarence W.....1649 Broadway (07)
Bornstein, Herschel.....504 Broadway (02)
Brady, Samuel J.....504 Broadway (02)
Brandman, Harry.....504 Broadway (02)
Brincko, John.....504 Broadway (02)
Brink, Calvin C. (S)..411 W. Eighth Ave. (02)
Brown, David B.....504 Broadway (02)
Brown, Leo R.....3290 Grant St. (08)
Burcham, James B.....738 Broadway (02)
Cahue, Antonio R.....504 Broadway (02)
Carberry, George A.....3656 Grant St. (08)
Carbone, Joseph A.....6111 Harrison St. (08)
Carey, J. Albert.....2964 W. 11th Ave. (04)
Carmody, Raymond F.....6111 Harrison St. (08)
Choslovsky, Sydney.....1600 W. Sixth Ave. (02)
Chube, David D.....1606 Broadway (07)
Cohen, Hyman.....1600 W. Sixth Ave. (02)
Cooper, Leo K.....504 Broadway (02)
Corrao, Gaetano.....2471 Colfax (06)
Daniel, Robert A.....738 Broadway (02)
Darling, Dorothy R.....807 Fayette (03)
De Bois, Elon.....1080 Roosevelt (04)
Dierolf, Edward J.....504 Broadway (02)
Disney, Charles T.....504 Broadway (02)
Doneff, Ronald H...5490 Broadway Plaza (08)
Dosado, Elpidio B.....625 Washington St. (02)
Duncan, John S.....2165 W. 11th Ave. (04)
English, Hubert M. (S)....673 Broadway (02)
Espy, Theodore R.....1901 Broadway (07)
Fadell, Matthew J.....6111 Harrison St. (08)
Galante, Vincent J.
St. Mary Mercy Hospital (02)
Gallinatti, John J.....554 S. Lake (03)
Gilles, Pierre.....1649 Broadway (07)
Glover, William J.....6111 Harrison St. (08)
Goldberg, Harold B.....3656 Grant (08)
Golding, Robert F.....540 Tyler St. (02)
Goldstone, Adolph.....3229 Broadway (09)
Goldstone, Arthur.....3233 Broadway (09)
Goldstone, Joseph.....3229 Broadway (09)
Goldstone, Robert J.....3229 Broadway (09)
Goldstone, Sidney R.....3233 Broadway (09)
Goodwin, Thomas..3820 Central, East Gary (05)
Grant, Benjamin F.....1706 Broadway (07)
Gregoline, Eugene.....504 Broadway (02)
Hadey, James H.....2620 W. Fifth Ave. (04)
Haith, John W.....1960 W. 11th St. (04)
Halley, Robert.....4655 Broadway (09)
Han, Daniel.....1600 W. Sixth Ave. (02)
Hedrick, James T.....1649 Broadway (07)
Hicks, William K.....1600 W. Sixth Ave. (02)
Hodurski, Zigfield.....4319 Broadway (09)
Hoit, Leonard.....504 Broadway (02)
Holliday, Alfonso.....1649 Broadway (07)
Irish, Wilbur J.....358 Johnson St. (02)
Jahns, Albin A.....2318 W. Fifth St. (04)
Johnson, Arnold L.....1903 Broadway (07)
Johnson, Lonnie B. (S).....123 W. 21st St. (07)
Johnson, William H.....6111 Harrison St. (08)
Kaltenthaler, Albert....1600 W. Sixth Ave. (02)
Kamen, Jack M.....540 Tyler St. (02)
Kendrick, Frank J.....504 Broadway (02)
Khaton, Odessa M.....4649 Broadway (09)
Kobrin, Meyer W.....3229 Broadway (09)
Kolettis, John G.....6111 Harrison St. (07)
Kopcha, Joseph E.....504 Broadway (02)
Korn, Jerome M.....3290 Grant St. (08)
Leahey, J. H.....554 S. Lake St. (03)
Lebioda, Henry S.....6111 Harrison St. (08)
Lewis, George N.....504 Broadway (02)
Lewis, Lucien A.....1649 Broadway (07)
Lewis, W. Richard.....1501 Taft (04)
Lipschutz, Harold.....3290 Grant (08)
Lipsey, Alfred J.....3290 Grant (08)
Loh, Hwei-Ya (Chang)....212 Cleveland St. (04)
Loh, Wei-Ping.....212 Cleveland St. (04)
Lorenty, Thaddeus B.....504 Broadway (02)
Lovell, Martin H. (S).....124 W. 25th Ave. (02)
Lutz, Georgianna.....504 Broadway (02)
Lytwakiwsky, Anatol.....552 S. Lake (03)
McDonald, Walter E.....1721 Broadway (07)
McMath, Samuel B.....1649 Broadway (02)
Manalo, Francisco S.....538 Lincoln (02)
Marcus, Morris C. (S).....3229 Broadway (09)
Marshall, Millard R.....1215 Vermillion St. (03)
Martino, Robert S.....2318 W. Fifth Ave. (04)
Mason, Earl.....540 Tyler St. (02)
Mather, J. Winford
2250 Ripley St., East Gary (05)
Mayorga, Alfredo.....3807 Washington (08)
Milos, Robert J.....504 Broadway (02)
Minczewski, Richard C.
5490 Broadway Plaza (08)
Mirich, Ernest C.....6111 Harrison St. (08)
Mitchell, Georgia B.....1706 Broadway (07)
Molengraft, Cornelius J.....504 Broadway (02)
Morris, Hyman R.....3229 S. Broadway (09)
Moswin, Jack A.....504 Broadway (02)
Mott, William H.....2009 Broadway (07)
Nelson, Walfred A.....559 S. Lake St. (03)
Oberlander, Seymour.....3290 Grant St. (08)
Olivo, Marciano T.....1600 W. Sixth Ave. (02)
Olson, Leslie D.....2318 W. Fifth Ave. (04)
Ornelas, Joseph P.....6111 Harrison St. (08)
Pappas, Eddie T.....2717 Wabash Ave. (04)
Parratt, Louis W.....708 Broadway (02)
Parsons, Daniel B.....St. Mary Mercy Hosp. (02)
Penn, Robert A.
3820 Central Ave., East Gary (05)
Pettis, Arthur G.....1600 W. Sixth Ave. (02)
Pierson, Howard.....620 E. 10th Pl. (02)
Platis, James M.....504 Broadway (02)
Poracky, Bernard F.....504 Broadway (02)
Pruitt, Jacob E.....6111 Harrison St. (08)
Radigan, Leo R.....6111 Harrison St. (08)
Reynolds, James S.....504 Broadway (02)
Richter, Samuel.....504 Broadway (02)
Riordan, John F.....1600 W. Sixth Ave. (02)
Robinson, Walter K.....6111 Harrison St. (08)
Rosenbloom, Philip J.....571 Lincoln St. (02)
Ross, David E., Jr.....633 E. 21st Ave. (07)
Roth, Leo.....3229 Broadway (09)

Roth, Melvin I.....3229 Broadway (09)
Rubin, Simon S.....504 Broadway (02)
Ryan, Hubert J.....5490 Broadway Plaza (08)
Sala, Joseph J.....2705 Wabash (04)
Sala, Walter R.....2705 Wabash (04)
Schulz, Kurt J.....4655 Broadway (09)
Schwarz, Mandel.....540 Tyler (02)
Scully, John T.....2318 W. Fifth Ave. (04)
Senese, Thomas J.....504 Broadway (02)
Shellhouse, Michael....3811 Washington St. (08)
Shevick, Alexander....2620 W. Fifth Ave. (04)
Slama, George F.....6111 Harrison St. (08)
Slama, John T.....6111 Harrison St. (08)
Speer, Thomas A...Gary Sheet & Tin Mills (02)
Spellman, Frank W.....401 S. Lake (03)
Spivack, Mary.....504 Broadway (02)
Stern, Mona K.....7535 E. Harold St. (03)
Stoycoff, Christ M. (S).....860 Broadway (02)
Thomas, Daniel D.....3290 Grant St. (08)
Thomas, Gerald J.....3290 Grant St. (08)
Turgi, Robert W.....6111 Harrison St. (08)
Valencia, Monico
2606 Central Ave., East Gary (05)
Valenzuela, Roberto D.....765 Broadway (02)
Valenzuela, Sofia S.....765 Broadway (02)
Volan, George J.....2620 W. Fifth Ave. (04)
Voorhies, McKinley.....1606 Broadway (07)
Weiskopf, Henry S.....504 Broadway (02)
Wharton, Russell O. (S)....6559 Ash Place (03)
Williams, Alexander S.....436 W. 25th Ave. (07)
Williams, Carl N.....1902 W. 11th Ave. (04)
Williams, Edwin D.....436 W. 25th St. (07)
Williams, Fred R.....2501 Polk St. (07)
Wing, Herman.....1600 W. Sixth Ave. (02)
Woodward, William M.
U.S. Steel—Gary Works (02)
Yast, Charles J.....6111 Harrison St. (08)
Yocum, Paul S., Jr.....504 Broadway (02)
Yocum, William S.....9 W. Sixth Ave. (02)
Young, George M.....3656 Grant St. (08)
Young, Robert L.....504 Broadway (02)
Zucker, Edward.....504 Broadway (02)

Griffith

(*Zip Code* 46319)

Lundeberg, Ralph A.....1212 N. Broad St.
Moleski, Walter L.....401 N. Broad St.
Purcell, Richard J.....433 N. Greenwood
Siekierski, Joseph M.....145 N. Griffith

Hammond

(*Zip Code* 463 *plus zone number*).

Alfano, Joseph E.....5252 Hohman Ave. (20)
Bacevich, Andrew J.....2450 169th St. (24)
Balaguer, Carmen V.....5217 Hohman Ave. (20)
Bethea, Dennis A. (S).....1021 Field St. (20)
Brennan, Bess B.....2450 169th St. (24)
Cotter, Edward R.....2415 169th St. (24)
Davis, Thomas N. III....5246 Hohman Ave. (20)
Dragomer, Andrei S.....2450 169th St. (24)
Eggers, Ernest L. (S).....635 165th St. (24)
Egnatz, Nicholas....7330 Indianapolis Blvd. (24)
Fischer, Burnell.....49 Indi-Illi Park (24)
Friedman, Isadore E..7217 Indianapolis Blvd. (24)
Howard, William Harry (S)
5231 Hohman Ave. (20)
Jones, Eli S. (S).....50 Kenwood St. (24)
Kolanko, Leon A.....30 Douglas St. (20)
Koransky, David S.....6850 Hohman Ave. (20)
LaFollette, Forrest R.....2450 169th St. (24)
Long, Keith J.....30 Douglas St. (20)
McVey, Clarence A. (S)
5231 Hohman Ave. (20)
Manley, Floyd.....6010 Columbia Ave. (20)
Marcus, Emanuel....7127 Indianapolis Blvd. (24)
Marks, Salvo P.....6860 Hohman Ave. (24)
Mason, Richard L.....132 Rimbach St. (20)
Modjeski, Joseph R.....5451½ Hohman Ave. (20)
Montes, Herminio Y.....5217 Hohman Ave. (20)
Palmer, Barron M. F.....6134 Columbia (20)
Panares, Solomon V.....5434 Hohman Ave. (20)
Peck, Edward A.....430 Conkey St. (24)
Peiffer, Geraldine M...St. Margaret Hospital (20)
Pilot, Jean.....5231 Hohman Ave. (20)
Polite, Nicholas L..7127 Indianapolis Blvd. (24)
Premuda, Franklin F...6625 Kennedy Ave. (23)
Ramker, Daniel T.....7040 Kennedy Ave. (23)
Remich, Antone C.....30 Douglas St. (20)
Repay, Walter A.....429 Conkey St. (24)
Rhind, Alexander W.....422 Conkey St. (24)
Rosenthal, Carl....St. Margaret Hospital (20)
Row, Perrie Q.....6712 Hohman Ave. (24)
Schwartz, Mary M...St. Margaret Hospital (20)
Shapiro, Joseph.....2450 169th St. (23)
Solis, Roger V.....430 Conkey St. (24)
Sroka, Alexander G.....5305 Hohman Ave. (20)
Stasick, Murray....7330 Indianapolis Blvd. (24)
Stern, Samuel L.....5231 Hohman Ave. (20)
Tilka, Edward C.....7134 Calumet Ave. (24)
Troy, Jack M.....2450 169th St. (23)
White, Gilbert H., Jr.....6429 Kennedy Ave. (23)
Wong, Samuel N.....30 Douglas St. (20)
Zallen, Stanley G.....6933 Kennedy Ave. (23)

Highland

(*Zip Code* 46322)

Angel, Virgil E.....2933 Jewett
Bonaventura, Angelo P.....2914 Highway Ave.
Eugenides, Tatiana.....8136 Kennedy
Lopez, Filemon P.....3045 W. 45th St.
Santiago, Iluminada.....8127 Kennedy
Sroka, Stanley J.....2942 Highway Ave.
Vandertoll, Donald.....8123 Kennedy Ave.
Vore, Hugh A. (S).....8680 Prairie Ave.

Hobart

(*Zip Code* 46342)

Carter, John O.....295 S. Wisconsin St.
Faulkner, Donald J.....295 S. Wisconsin St.
Kellar, Philip E.....904 W. Ridge Rd.
Krsek, Archie J.....10 N. Michigan Ave.
Markle, Joseph G.....201 Main St.
Parker, Harry C. (S).....831 Garfield St.
Pike, Warren H.....108 E. Third St.
Reed, John J.....10 N. Michigan Ave.
Stookey, Richard D.....295 S. Wisconsin
Thomas, Andrew C.....124 Main St.
Weiss, John T.....295 S. Wisconsin St.

Lowell

(*Zip Code* 46356)

Mirro, John A.....317 W. Commercial Ave.
Smith, Robert D.....308 E. Commercial
Templin, David B.....308 E. Commercial

Wimmer, Robert N. (S).....101 Superior St.,
Michigan City
(46361)

Munster

(*Zip Code* 46321)

Allegretti, Michael L.....7905 Calumet Ave.
Alt, Edward M., Jr.....7550 Hohman Ave.
Angulo, Edilberto D.....110 Ridge Rd.
Arbeiter, Herbert I.....7550 Hohman Ave.
Arrowsmith, James L.....7550 Hohman Ave.
Avegno, John H.....7905 Calumet Ave.
Beconovich, Robert.....7905 Calumet Ave.
Bombar, Leslie E.....7905 Calumet Ave.
Branco, Arthur M.....7905 Calumet Ave.
Brenner, Howard B.....7905 Calumet Ave.
Chael, Thomas C.....7905 Calumet Ave.
Church, Robert A.....110 Ridge Rd.
Costello, Albert J.....110 Ridge Rd.
DePorter, Louis A.....7905 Calumet Ave.
Eggers, Henry W.....110 Ridge Rd.
Espino, Jose C.....8144 Calumet Ave.
Feldner, Ronald P.....110 Ridge Rd.
Fetrow, Kenneth O.....7905 Calumet Ave.

Fitzpatrick, William J.....110 Ridge Rd.
Fox, Jack M.....7550 Hohman Ave.
Gardiner, H. Glenn.....7905 Calumet Ave.
Gevirtz, Milton B.....7905 Calumet Ave.
Grabow, Emil F.....7905 Calumet Ave.
Griffith, Thomas E.....509 Ridge Rd.
Hammond, Stanley.....7905 Calumet Ave.
Harvey, David M.....7905 Calumet Ave.
Hehemann, William V.....7905 Calumet Ave.
Husted, Robert G.....7905 Calumet Ave.
Kenney, Francis D.....110 Ridge Rd.
Kitt, Walter.....7550 Hohman Ave.
Kott, Alexander.....7550 Hohman Ave.
Kuhn, Arthur J.....7905 Calumet Ave.
Kuhn, Hedwig S. (S).....7905 Calumet Ave.
Lanman, John U.....8146 Calumet Ave.
Larrabee, James F.....7905 Calumet Ave.
Lautz, Herbert A.....7905 Calumet Ave.
Madlang, Rodolfo M.....7550 Hohman Ave.
Mansueto, Mario D.....509 Ridge Rd.
Maroc, James A.....110 Ridge Rd.
Marshall, Wilbur J.....110 Ridge Rd.
Mason, John C.....7905 Calumet Ave.
Mintz, Alfred M.....7550 Hohman Ave.
Morris, William H.....7905 Calumet Ave.
Navarre, Vincent J.....509 Ridge Rd.
Neal, Leonard W.....7905 Calumet Ave.
Paul, Eudell G.....7550 Hohman Ave.
Portney, Fred R.....7905 Calumet Ave.
Rasch, George C., Jr.....509 Ridge Road
Rawlins, Carolyn M.....7550 Hohman Ave.
Rendel, Donald T.....513 Ridge Rd.
Rosevear, Henry J.....110 Ridge Rd.
Rubright, Robert L.....7905 Calumet Ave.
Rudolph, Franklin G.....7550 Hohman Ave.
Santare, Vincent J.....7550 Hohman Ave.
Schlesinger, Daniel J.....7905 Calumet Ave.
Schmitt, Robert J.....7905 Calumet Ave.
Schwartz, Jack.....7550 Hohman Ave.
Serna, Carlos A.....1417 MacArthur
Smith, Jerald E.....7905 Calumet Ave.
Smitley, Roger P.....110 Ridge Rd.
Snyder, Jerome A.....7905 Calumet Ave.
Stevens, Edwin W.....7905 Calumet Ave.
Trachtenberg, Lee.....513 Ridge Rd.
Westhaysen, Peter V.....7550 Hohman Ave.
Willardo, Albert T.....7905 Calumet Ave.
Wooden, Thomas F.....8351 Crestwood Ave.

Hoham, Frederick D.
14000 Central, Portage (46368)
Egnatz, Charles D.....Rts. 41 and 30, Schererville (46375)
Skeen, Earl D. (S)..419 N. Sunnyside, South Bend (46617)

Whiting

(*Zip Code* 46186)

Adler, Fred.....2075 Indianapolis Blvd.
Adler, Yolanda T.....2075 Indianapolis Blvd.
Becker, Samuel W.....2075 Indianapolis Blvd.
Best, Robert C.....2075 Indianapolis Blvd.
Brennan, William C.....2075 Indianapolis Blvd.
Ferry, John L.....2075 Indianapolis Blvd.
Frankowski, Clementine E...1907 New York Ave.
Goldenberg, Mitchell E.....2075 Indianapolis Blvd.
Greisen, Jack G.....2075 Indianapolis Blvd.
Gustaitis, John W.....2075 Indianapolis Blvd.
Kudele, Louis T.....1321 119th St.
Liu, Hsiang Mei.....2075 Indianapolis Blvd.
Reed, Ronald R.....2075 Indianapolis Blvd.
Rudser, Donald H.....2075 Indianapolis Blvd.
Siler, George B.....2815 Indianapolis Blvd.
Silvian, Harry A.....1010 119th St.
Smith, Theodore J.....1542 Roberts
Sokol, Allen B.....2075 Indianapolis Blvd.
Stecy, Peter.....1902 Indianapolis Blvd.
Steen, Lowell H.....2075 Indianapolis Blvd.
Urbanski, Walter P.....2075 Indianapolis Blvd.
Weinberg, Benjamin A.....1104 119th St.

Bernoske, Daniel G.
Indiana State Board of Health, 1330 W. Michigan St., Indianapolis (46207)
Bakos, Edward R.....7203 Sarah, Apt. 4, Maplewood, Mo. (63143)
Brand, Anna
656 Wentworth, Calumet City, Ill. (60409)
Dimitroff, Lambro.....211 Gold Coast Lane, Calumet City, Ill. (60409)
Dumanian, Ara V.....18668 Dixie Highway, Homewood, Ill. (60430)
Frahm, Charles....18668 Dixie Highway, Homewood, Ill. (60430)
Foster, Douglas L.
U. S. Naval Hospital, Philadelphia, Pa. (19145)
Hayes, Frank W.....2426 Harbor Court, Fairfield, Calif. (94533)
Hoskins, Phillip A.
824 Edgewood Pl., Ann Arbor, Mich. (48103)
Johns, David R. (S).....2080 Lapiere Rd. Beloit, Wis. (53511)
Jones, Harold N.....Children's Hosp. Med. Centr., 300 Longwood Ave., Box 95, Boston, Mass. (02115)
Kenwick, Anthony N.....18419 Halsted St., Glenwood, Ill. (60425)
McMichael, Frank J. (S)..Box 277, Hernando, Fla. (32642)
Murphy, Joseph F...3335 178th St., Lansing, Ill. (60438)
Seyler, Anna G.....2780 Hillcrest Dr., LaVerne, Calif. (91750)
Tsatsos, George C.
701 Gunderson Ave., Oak Park, Ill. (60304)
Tyrrell, Joseph J.....800 State Line, Calumet City, Ill. (60409)
Tyrrell, Thomas C.
800 State Line, Calumet City, Ill. (60409)
White, Jules C.
1767 N. Hampden St., Holyoke, Mass. (01041)
Yanson, Mannfredo R. S...P.O. Box 2024, Oxnard, Calif. (93031)

LA PORTE COUNTY

Oak, David D., Jr.....Hanna (46340)
Oak, David D., Sr. (S).....LaCrosse (46348)

La Porte

(*Zip Code* 46350)

Backer, George P.....806 Maple Ave.
Backer, Mary B.....903 Indiana Ave.
Carpentier, James R.....1200 Michigan Ave.
Carter, Fred S.....1200 Michigan Ave.
Datzman, Basil J.....604 Jefferson Ave.
Dean, Richard E.....1025 Indiana Ave.
Deren, Matthew J...403 First Nat'l. Bank Bldg.
Durham, Lowell J.....316 Pine Lake Ave.
Erwin, W. Robert.....216 E St.
Farnsworth, Samuel A.....1012 Michigan Ave.
Feinn, Harry S.....1013 Indiana Ave.
Kelsey, Robert M., Jr.....1200 Michigan Ave.
Kepler, Robert W.....708 Harrison St.
Kistler, James J.....911 Maple Ave.

Lansford, Kenneth G.....1200 Michigan Ave.
Larson, Goyt O.....1110 Indiana Ave.
Mead, Frank E.....901 Indiana Ave.
Moore, William G.....1200 Michigan Ave.
Mueller, Edwin C.....1200 Michigan Ave.
Philbrook, Seth S.....705 Harrison St.
Predd, Adolph C.....909 Madison St.
Richter, John C.....1200 Michigan Ave.
Sanchez, Jose D.....403 First Natl. Bank Bldg.
Scott, John S.....806 Maple Ave.
Sirugo, Aldo C.....1200 Michigan Ave.
Smith, John A.....604 Jefferson Ave.
Sprecher, James J. J.....1001 Maple Ave.
Tabaka, Francis B.....1201 Maple Ave.
von Asch, George.....912 Monroe St.
Wolf, William E.....Lakewood Lair, The Island

Michigan City
(*Zip Code* 46360)

Armstrong, Thomas D.....120 W. Ninth St.
Arney, Amos.....125 E. Fifth St.
Baker, Warren.....427 Warren Bldg.
Bankoff, Milton L.....125 E. Fifth St.
Bergan, Joseph A.....217 W. Homer St.
Berkson, Myron E.....801 Washington St.
Carlson, Norman R.....913 Wabash St.
Elshout, Clem H.....2534 Lake Shore Dr.
Fargher, Francis M.....907 Washington St.
Frost, Robert J.....817 Pine St.
Gardner, Melvin D.....801 Washington St.
Gardner, Russell A.....801 Washington St.
Gilmore, Robert W.....304 Warren Bldg.
Gilmore, Russell A. (S).....304 Warren Bldg.
Hay, Gene R.....515 Pine St.
Henderson, Norman C.....131 E. Eighth St.
Hillenbrand, Charles.....128 W. 10th St.
Jones, King S.....328½ Franklin St.
Kemp, John T.....122 E. Seventh St.
Kerr, Charlotte H.....723 Franklin St.
Kerr, John E.....723 Franklin St.
Kerrigan, John F.....916 Washington St.
Kerrigan, Robert L. (S).....916 Washington St.
Lawrence, John O.....732 Pine St.
Liddell, Charles K.....508 Pine St.
Luce, John W.....916 Washington St.
Mannion, Rodney A.....723 Franklin St.
Marske, Robert L.....311-13 Warren Bldg.
McGue, Frank J.....801 Washington St.
Miller, Maurice.....125 E. Fifth St.
Milne, Walter S.....916 Washington St.
Mladick, Edward A.....1412 Franklin St.
O'Brien, Raymond J.....1412 Franklin St.
Paul, Leonard G.....515 Pine St.
Phillips, John H.....801 E. 11th St.
Pilecki, Peter J.....125 E. Fifth St.
Plank, Charles R.....732 E. Pine St.
Quitasol, Zoilo A., Jr.....125 E. Fifth St.
Reed, Nelle C. (S).....3210 Tilden Ave.
Stark, William A.....1412 Franklin St.
Taub, Robert G.....515 Pine St.
Tunnell, Harry D.....219 E. Sixth St.
Walters, William H.....3714 Franklin St.
Warren, Lewis T.....515 Pine St.
Weeks, Patrick H. (S).....305 N. Carroll Ave.
Weiss, Albert E.....515 Pine St.
Zalac, Donald A.....732 Pine St.

Weinstock, Adolph.....Rolling Prairie (46371)
Moosey, Louis.....Union Mills (46382)
Rohrer, Bryce B...506 Michigan St., Walkerton (46574)
Benz, Owen F.....Wanatah (46390)

Westville
(*Zip Code* 46391)

Bosler, Howard A.....Beatty Circle
Brauer, Abraham A.....Beatty Memorial Hospital
Dian, August J.....Beatty Memorial Hospital
Dian, Julia K.....Beatty Memorial Hospital
Dieter, William J.....Box 667
Hetman, Mitchell J.....Westville
Matthew, John R.....Beatty Memorial Hospital
Mendez, Carlos.....Beatty Memorial Hospital
Meyer, Hans.....Beatty Memorial Hospital
Morton, David P.....Beatty Memorial Hospital
Oster, Jack H.....Beatty Memorial Hospital
Ritchie, Richard F.....Beatty Memorial Hospital
Salsburg, Herbert E...Beatty Memorial Hospital
Sennett, Cecil M. (S)..Beatty Memorial Hospital
Smith, William M.....Beatty Memorial Hospital

Constan, Evan.....3009 Burnet Ave., Cincinnati, Ohio (45219)

LAWRENCE COUNTY

Bedford
(*Zip Code* 47421)

Allen, L. Howard.....1622 24th St.
Austin, Richard P...209 Citizens Nat'l Bank Bldg.
Benham, Lawrence E...310 Stone City Bank Bldg.
Bridwell, Edgar.....1626 24th St.
Duncan, Raymond.....2900 W. 16th St.
Dusard, Joseph C...304 Citizens Nat'l Bank Bldg.
Edmonds, Kendrick.....Dunn Memorial Hospital
Emery, Charles B.....1027 15th St.
Fountaine, Thomas J.....1618 24th St.
Hammel, Howard T.....Citizens Nat'l. Bank Bldg.
Hawkins, Richard D.....2900 W. 16th St.
Kasting, Gerald....206 Citizens Nat'l Bank Bldg.
Kerr, Donald M.....2900 W. 16th St.
Ley, Glen D.....1303 15th St.
McPike, Joseph D.....1714 24th St.
Morrow, Robert J.....1317 L St.
Noe, William R.....2900 W. 16th St.
Reuter, John W.....1310 16th St.
Scherschel, John P.....1711 H St.
Sorrells, George W.....2900 W. 16th St.
Waldo, Guy H.....2900 W. 16th St.
Wohlfeld, Julius B.....1222 15th St.
Woolery, Richard H.....1310 W. 16th St.

Hamilton, James R...111 S. Seventh St., Mitchell (47446)
Oswalt, James T.....Mitchell (47446)

MADISON COUNTY

Alexandria
(*Zip Code* 46001)

Gaunt, Everett W.....214 E. John St.
Leroy, Alvin G.....1309 N. Harrison St.
Overpeck, George H. (S)....313 N. Harrison St.
Owen, Thomas F.....313 N. Harrison St.
Shafer, Richard H.....111 S. Harrison St.

Anderson
(*Zip Code* 460 *plus zone number.*)

Aagesen, Walter J.....1931 Brown St. (14)
Armington, Charles L.
655 Anderson Bank Bldg. (16)
Armington, Robert L.....1504 Broadway (12)
Austin, Charles E.....1415 Raible St. (11)
Baughn, William L.....Guide Lamp
Beeler, Franklin K.....1931 Brown St. (14)
Bixler, Donald P.....1931 Brown St. (14)
Blassaras, Crist A.....2005 Broadway (12)
Bowers, Charles R.....2009 Brown St. (14)
Bridges, Alvin L.....1302 Madison Ave. (11)
Buckles, David L.....St. John's Hospital (14)
Bush, Edward R.....704 E. Eighth St. (12)
Castetter, Gregory K.....126 W. 12th St. (16)
Denny, Melvin H.....1103 Dresser Dr. (11)
Dixon, Rex W.....934 W. Eighth St. (16)
Doenges, James L.....1931 Brown St. (14)

Donaldson, Frank C.....1931 Brown St. (14)
Drake, James R.....229 Citizens Bank Bldg. (16)
Drake, John C.....604 Anderson Bank Bldg. (16)
Ellis, Seth W.....717 Anderson Bank Bldg. (16)
Elsten, Aubrey W.....1307 Park Rd. (11)
Faust, Howard M., Jr.
1508 N. Madison Ave. (11)
Ferguson, Donald H.....2009 Brown St. (14)
Gahimer, Joe E.....521 Citizens Bank Bldg. (16)
Jarrett, Paul E.....1415 Raible (11)
Jones, Albert T.....3316 Cherry Rd. (11)
Jones, David G.....1504 N. Madison Ave. (12)
Jones, Horace E.....926 W. Vineyard (12)
Kelly, Wendell C.....704 E. Eighth St. (12)
Kiely, John T.....1931 Brown St. (14)
King, Charles R.....1415 Raible St. (11)
Kopp, William R.....333 Jackson St. (12)
Lamey, Paul T.....423 Citizens Bank Bldg. (16)
Land, Richard N.....2009 Brown St. (14)
Larmore, Joseph L..612 Anderson Bank Bldg. (16)
Litzenberger, Sam W.
610 Citizens Bank Bldg. (16)
Long, Paul L.....710 Anderson Bank Bldg. (16)
McDonald, Virgil G (S)..1019 Delaware St. (16)
Meister, Doris (S).....315 W Ninth St. (16)
Miethke, Richard P.....Delco Remy Div.
Moneyhun, James E.....2009 Brown St. (14)
Morris, Robert A.....1309 Park Rd. (11)
Neale, Alfred E.....1931 Brown St. (14)
Nesbit, Leonard L...415 Citizens Bank Bldg. (16)
Patterson, William K...713 Anderson Bank Bldg. (16)
Polhemus, Warren C.....1803 Pearl St. (16)
Price, Ambrose M...621 Citizens Bank Bldg. (16)
Reed, Roger R.....412 Anderson Bank Bldg. (16)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16)
Ross, Guy E.....1931 Brown St. (14)
Sharp, William L..559 Citizens Bank Bldg. (16)
Sheldon, Suel A...508 Anderson Bank Bldg. (16)
Stamper, Joseph H.
412 Anderson Bank Bldg. (16)
Stamper, Robert J.....1415 Raible (11)
Starks, William O.....3405 Nichol Ave. (11)
Stevenson, Jerry L.....St. John's Hospital (14)
Stinson, William M.....333 Jackson St. (12)
Taylor, James A.....Delco Remy Div.
Wagoner, John R...708 Anderson Bank Bldg. (16)
Webb, Harry D.....515 Citizens Bank Bldg. (16)
Weiss, Louis L.....1225 N. Madison (11)
Whitaker, Jack D.....Community Hospital (11)
Wilder, Gordon B.....338 W. Eighth St. (16)
Wilkinson, Roger L.....522 W. Eighth St. (16)
Williams, Francis M.....1132 Central Ave. (16)
Williams, Robert H.....1132 Central Ave. (16)
Woodbury, Clarence R...3405 Nichol Ave. (11)
Wright, Cecil S. (S)..207 Beverly Terrace (11)

Elwood

(*Zip Code* 46036)

Buechler, William F.....1817 S. A St.
Drake, Marion C.....1201 Main St.
Fitzpatrick, Harry W. (S)..1309 S. Anderson St.
Hanson, Martin F.....1102 S. Anderson St.
Laudeman, Walter A.....1515 N. A St.
Oldag, George E.....1301 Main St.
Ploughe, Ralph R.....517 S. Anderson St.
Scea, Wallace A.....1601 S. Anderson St.
Ulrey, Robert P.....100 N. First St.

Kepner, Robert S.....Chesterfield (46017)
Austin, Maynard A. (S)
3900 Washington Ave., Evansville (47715)
Ferrell, Mars B.....Fortville (46040)
Bishop, Harry A.....Frankton (46044)
Ridgway, Alton H.....Lapel (46051)
Rinne, John I. (S).....Lapel (46051)
Williams, Robert D.....Markleville (46056)
Foley, Phillip D.....Middletown (47356)
Reynolds, Ralph E.....Middletown (47356)
Begley, Robert W.....200 W. State St., Pendleton (46064)
Benedict, Harold G.....P. O. Box 28, Pendleton (46064)
Leahy, Howard J.....103 E. State St., Pendleton (46064)
Van Ness, William C.....Summitville (46070)

MARION COUNTY

Zerfas, Phyllis K.
R. R. 15, Box 233-Z, Acton (46259)

Beech Grove

(*Zip Code* 46107).

Berger, Morley.....902 Main St.
Christie, Marvin C.....3655 S. Sherman Dr.
Dill, Charles W.....3655 S. Sherman Dr.
Fortuna, Frank W.....1615 Main St.
Kim, Young D. (S).....136 N. 17th St.
Ramage, Walter F.....244 S. First St.
Reilly, Eva F.....St. Francis Hospital
Zerfas, Charles P. A.....926 Main St.

Kime, Edwin N. (S)
1007 Greenwood Ave., Bloomington (47403)
Hasewinkel, Carroll W...R. R. 2, Box 354, Carmel (46032)
Allen, Donald R...640 Adams, Evansville (47713)
Harris, Paul N.
Eli Lilly & Co., Toxicology Bldg. Greenfield (46140)
Pierce, Emmett C., Jr.
Eli Lilly & Co., Box 708, Greenfield (46140)
DeMotte, C. Bowen.....P.O. Box 44, Greenwood (46142)
Buehl, Isabelle A.
R. R. 2, Box 238-A, Greenwood (46142)
Onyett, Harold R.....R. R. 3, Box 32, Greenwood (46142)

Indianapolis

(*Zip Code 462 plus zone number.*)

A

Addleman, Robert H.....5540 Woodside Dr. (8)
Adkins, Harold C.....409 E. 30th St. (5)
Albertson, Frank P.....3544 W. 16th St. (22)
Albrecht, Willard H..7400 Hollingsworth Dr. (68)
Aldred, Allen W.....2221 W. 79th St. (60)
Aldrich, Harry D.....201 Hume Mansur Bldg. (4)
Aldrich, Howard....4316 E. Washington St. (1)
Alexander, Ezra D.....906 W. 27th St. (8)
Alig, Vincent B.....1815 N. Capitol Ave. (2)
All, Barbara B.....1815 N. Capitol Ave. (2)
Allen, Lawrence E.....Methodist Hospital (7)
Allen, Robert K.....3202 N. Meridian St. (8)
Alvis, Edmond O. (S)..320 Hume Mansur Bldg. (4)
Anderson, James W.....623 N. West St. (2)
Anderson, Wendell C.
Indiana State Board of Health, 1330 W. Michigan St. (7)
Anshutz, William M.....Methodist Hospital (7)
Antreasian, Berj.....4829 E. 38th St. (18)
Appel, Richard H....320 Hume Mansur Bldg. (4)
Arbogast, John L.....I. U. Medical Center (7)
Arbuckle, William E. (S)....1150 S. Sheffield (21)
Armer, Robert M.....4701 W. 30th St. (24)
Armstead, John W.....2140 N. Capitol Ave. (2)
Arnold, Aaron L.....607 E. 38th St. (5)
Arnold, Robert D.....5470 E. 16th St. (18)
Aronson, Sidney S...618 Hume Mansur Bldg. (4)

Ashwood, Edward L.
534 Turtle Creek, N. Dr., (27)
Assue, Clare M.....LaRue D. Carter Hospital (7)
Avery, George O.....17 S. Traub (22)

B

Bachmann, Arnold J.....3440 N. Meridian St. (8)
Baird, Melvin S.....17½ W. 22nd St. (2)
Bakemeier, Otto H. (S)
5503 E. Washington St. (19)
Bakemeier, Robert E. 5503 E. Washington St. (19)
Baker, Charles R.....I. U. Medical Center (7)
Baker, John C.....American United Life Ins. Co.,
30 W. Fall Creek Parkway (6)
Ball, Joseph E.....4312 E. 10th St. (1)
Banks, Horace M. (S)
3631 Forest Manor Ave. (18)
Baptisti, Arthur, Jr.
Marion Co. General Hospital (7)
Barden, Tom P.....I.U. Medical Center (7)
Bartle, James L.....6604 Hythe Rd. (20)
Bartley, Max D.....801 Hume Mansur Bldg. (4)
Bastnagel, William F...3602 N. Meridian St. (8)
Bates, Laurence H.....3524 N. Meridian St. (8)
Batman, Gordon W.....1815 N. Capitol Ave. (2)
Battersby, J. Stanley....I. U. Medical Center (7)
Batties, Paul A.....2142 N. Capitol Ave. (2)
Bauer, Thomas B....408 Hume Mansur Bldg. (4)
Baumeister, Herbert E...1815 N. Capitol Ave. (2)
Baxter, John P.....1633 N. Capitol Ave. (2)
Beach, Robert R.
5810 E. Pleasant Run Pkwy., N. Dr. (19)
Beaver, Howard W.....2930 Madison Ave. (25)
Bechtol, Lavon D.....Lilly Research Labs.,
P.O. Box 618 (6)
Beck, Evart M.....915 E. 38th St. (5)
Becker, Harry G.....6060 College Ave. (20)
Beeler, John W.....Methodist Hospital (7)
Beeler, Raymond C. (S)
3777 N. Meridian St. (8)
Belshaw, George.....1640 N. Ritter Ave. (18)
Belt, James H.....6225 Broadway (20)
Benedict, Paul F.....3949 Meadows Dr. (5)
Bennett, Ivan F.
Lilly Clinic, Marion Co. General Hospital (7)
Bennett, James E.....I. U. Medical Center (7)
Benson, J. Thomas.....4647 W. 30th St. (22)
Berman, Edward J. ..920 Hume Mansur Bldg. (4)
Berman, Jacob K.....920 Hume Mansur Bldg. (4)
Berner, Herbert W., Jr...I. U. Medical Center (7)
Berry, John M.....7841 White River Dr. (40)
Beverland, Malon E. (S)
3036 E. Washington St. (1)
Bhagwandin, Harry O.
4761 Southeastern Ave. (3)
Bibler, Lester D.....1815 N. Capitol Ave. (2)
Biegel, Angenieta A.....I. U. Medical Center (7)
Bill, Robert O.....3231 N. Meridian St. (8)
Black, Henry R..Marion Co. General Hospital (7)
Blackford, Florence.....5909 E. 10th St. (19)
Blackford, Ralph E. (S)....5909 E. 10th St. (19)
Blackwell, Donald S.....1815 N. Capitol Ave. (2)
Blake, Albert L.....1802 N. Illinois St. (2)
Blatt, A. Ebner.....3400 N. Meridian St. (8)
Bloemker, E. Frederick...1929 N. Senate Ave. (2)
Bloemker, Edward F.....2729 Shelby St. (3)
Boggs, Eugene F.....8 E. Troy Ave. (25)
Boling, Frederick F.....3049 S. Holt Rd. (41)
Boling, Grover C.....1440 E. 46th St. (5)
Bomalaski, M. Donald..St. Vincent's Hospital (7)
Bond, George S. (S)....1221 N. Delaware St. (2)
Bond, Virginia.....R. R. 17, Box 364 (23)
Bond, William H.....I. U. Medical Center (7)
Bonsett, Charles A.....6133 E. 54th Pl. (26)
Booher, Norman R.....447 E. 38th St. (5)
Booher, Olga Bonke.....447 E. 38th St. (5)
Booth, Boynton H....301 Hume Mansur Bldg. (4)
Bowman, George W. (S)....1101 W. 10th St. (7)
Boyce, Paul A.....1929 N. Senate Ave. (2)
Boyer, Floyd A.....442 N. Drexel Ave. (1)
Brady, Thomas A.....1815 N. Capitol Ave. (2)
Brayton, John R., Sr...704 Underwriters Bldg. (4)
Brayton, Lee.....3930 N. Illinois St. (8)
Brickley, Harry D...605 Hume Mansur Bldg. (4)
Brickley, Richard A..605 Hume Mansur Bldg. (4)
Briggs, Robert W.....2140 N. Capitol (2)
Brillhart, James R.....1640 N. Ritter Ave. (18)
Brodie, Donald W.....817 C. of C. Bldg. (4)
Brooks, Fred R., Jr.....3349 Georgetown Rd. (24)
Brose, Paul E.....I. U. Medical Center (7)
Brough, A. Kathleen..Marion County Home (19)
Brown, Archie E...4145 Melbourne Rd., W. Dr. (8)
Brown, David E.....1944 N. Capitol Ave. (2)
Brown, DeWitt W.....1633 N. Capitol Ave. (2)
Brown, Earl R., Jr.....Community Hospital (19)
Brown, Frances T.....2126 N. Talbot Ave. (2)
Brown, Frank M.....2875 Clifton (23)
Brown, Gordon T.....3989 Meadows Drive (5)
Brown, Wendell E.....3426 N. Meridian St. (8)
Browning, James S.....3120 N. Meridian St. (8)
Brownley, E. Jane..2840 N. High School Rd. (24)
Bruce, Reginald A.....848 Indiana Ave. (2)
Brueckmann, F. Robert
1815 N. Capitol Ave. #401 (2)
Bruetsch, Walter L..3000 W. Washington St. (22)
Burdette, Harold F.....3202 N. Meridian St. (8)
Burghard, Rolla D.....4829 E. 38th St. (18)
Butler, John O.....234 E. Southern Ave. (25)
Butler, Robert M.....3426 N. Meridian St. (8)

C

Cahn, Hugo M.....5420 N. College Ave. (20)
Cahn, Peter H.....818 Hume Mansur Bldg. (4)
Caldwell, Marilyn R.....111 E. 53rd St. (20)
Call, Herbert F.....2901 N. Meridian St. (8)
Campbell, H. Edwin, Jr.,
418 Hume Mansur Bldg. (4)
Campbell, John A.....I. U. Medical Center (7)
Campbell, Richard W...1815 N. Capitol Ave. (2)
Campbell, Robert L.....1100 W. Michigan St. (7)
Canaday, James W. (S)....5154 Central Ave. (5)
Caplin, Irvin.....1815 N. Capitol Ave. (2)
Caputi, Saverio.....3202 N. Meridian (8)
Carson, Wayne.....1802 N. Illinois St. (2)
Carter, James E.....I. U. Medical Center (7)
Cast, William R.....Methodist Hospital (7)
Chattin, William R.....4829 E. 38th St. (18)
Chavez, Mauro E.....5324 W. 16th St. (24)
Chen, Ko Kuei.....I. U. Medical Center (7)
Chernish, Stanley M.
Marion Co. General Hospital (7)
Chevalier, Robert B.....1802 N. Illinois (2)
Chivington, Paul V...407 Hume Mansur Bldg. (4)
Chroniak, Walter.....41 N. Shortridge Rd. (19)
Clark, George A.....822 Hume Mansur Bldg. (4)
Clark, Lawson J.....3736 N. Delaware St. (5)
Clevinger, William G...I. U. Medical Center (7)
Cline, Donald L.....Methodist Hospital (7)
Close, W. Donald.....I. U. Medical Center (7)
Coates, Jacqueline.....305 W. 42nd St. (8)
Coggeshall, Warren E...3524 N. Meridian St. (8)
Cohn, Alvin F.....1120 Southview Dr. (27)
Collins, Hubert L.....985 N. Arlington Ave. (19)
Collins, Robert C.....1356 W. 21st St. (2)
Conley, Joseph L. (S).....405 E. 52nd St. (5)
Conway, Chester C.....4402 E. New York St. (1)
Conway, Glenn.....1620 S. East St. (25)
Cooke, J. Kenneth.....1315 W. 10th St. (7)
Cookson, Lawrence U...3400 N. Meridian St. (8)
Cornacchione, Matthew.....814 S. East St. (25)
Cortese, James V.....435 S. East St. (25)
Cortese, Thomas A.....435 S. East St. (25)
Costin, Robert L.....301 E. 38th St. (5)
Coughenour, J. Robert
534 Turtle Creek, N. Dr. (27)
Countryman, Frank W...1815 N. Capitol Ave. (2)
Craft, Kenneth L. (S)
1002 Hume Mansur Bldg. (4)
Craig, Alexander F.....5470 E. 16th St. (18)
Crawford, John A...321 Hume Mansur Bldg. (4)

Cronin, H. Joseph.....3400 N. Meridian St. (5)
Crosby, Reid C.....Methodist Hospital (7)
Cross, David G.....1002 Troy Ave. (3)
Culbertson, Clyde G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Cullen, P. Kent, Jr.....310-11 Hume Mansur Bldg. (4)
Culloden, William G. (S)....203 E. 47th St. (5)
Cunningham, Gene C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Cure, Charles W.....1815 N. Capitol Ave. (2)
Currie, Robert W.....512 E. 57th St. (20)
Curry, R. Louis 3375 Forest Manor (18)
Cusick, James A.....4519 W. 28th St. (22)
Cuthbert, Marvin P.....3400 N. Meridian St. (8)
Czenkusch, Helen G.....2840 High School Rd. (24)

D

Daley, Edward H.....5470 E. 16th St. (18)
Dallas, Fred R.....1640 N. Ritter Ave. (18)
Dallas, Mary E.
V. A. Hospital, 1481 W. 10th St. (7)
Dalton, William W....311 Hume Mansur Bldg. (4)
Daly, Joseph M.....234 E. Southern Ave. (25)
Daniel, John C. (S)....1008 Hume Mansur Bldg. (4)
Darbro, David A.....2307 E. Raymond St. (3)
Davidson, Dale A.....1815 N. Capitol Ave. (2)
Davidson, N. Cort.....3233 N. Meridian St. (8)
Davis, Bennie L.....2426 Northwestern Ave. (23)
Davis, Margaret M.....2603 W. 42nd St. (8)
Davis, Sam J.....908 Hume Mansur Bldg. (4)
Deal, Eleanor H..4909 W. 15th St., Speedway (24)
Dearmin, Robert M.....3233 N. Meridian St. (8)
DeArmond, Murray.....1815 N. Capitol Ave. (2)
Deever, John W.....4131 Shelby St. (27)
Deitch, Robert D...308 Hume Mansur Bldg. (4)
Dennison, Alfred D., Jr...1815 N. Capitol Ave. (2)
Denny, Forrest L.....3351 W. 10th St. (22)
Denny, James W.....25 N. Ritter Ave. (19)
DeWees, Dwight L.....302 N. Bradley Ave. (1)
DeWester, Gerald M.....3037 S. Meridian St. (27)
Dickson, Carolyn L.....501 N. West St. (2)
Dill, Myron K.....3120 N. Meridian St. (8)
Dillon, John F.....Methodist Hospital (7)
Dilts, Robert L.....2521 E. 38th St. (18)
Dintaman, Paul G...703 Hume Mansur Bldg. (4)
Dolan, Patrick A.....Methodist Hospital (7)
Donahue, James M.....1815 N. Capital Ave. (2)
Donato, Albert M.....1429 Shelby St. (3)
Doran, J. Hal.....620 Hume Mansur Bldg. (4)
Doughty, Samuel R., Jr.....5470 E. 16th St. (18)
Douglas, William T.....I. U. Medical Center (7)
Dowd, Joseph A. 6177 College Ave. (20)
Dryden, Gale E.....5835 N. Tacoma (20)
Dugan, William M., Jr...Methodist Hospital (7)
Duncan, Stuart J.....3037 S. Meridian St. (27)
Duncan, William A.....1221 E. 86th St. (40)
Dunkin, Ramon S.....3202 N. Meridian St. (8)
Durkin, John W., Jr.
Eli Lilly & Co., 740 S. Alabama St. (6)
Dyar, Edwin W.....1010 E. 86th St. (40)
Dyar, Robert W.....1010 E. 86th St. (40)
Dyke, Richard W. Marion Co. General Hospital (7)
Dyken, Mark L.....I. U. Medical Center (7)
Dyken, Paul R.....I. U. Medical Center (7)
Dzenitis, Andrievs J.....I. U. Medical Center (7)
Dziabis, Marvin D.....Methodist Hospital (7)

E

Earp, Evanson B.....717 Hume Mansur Bldg. (4)
Eastman, Joseph R., Jr.....220 W. 64th St. (60)
Eaton, Edwin R.....5505 N. Keystone Ave. (20)
Eaton, Lyman D.....5505 N. Keystone Ave. (20)
Ebert, J. Wayne (S)....1125 Southview Dr. (27)
Eberwein, John H. (S)....2322 Wheeler Ave. (18)
Echt, Charles R.....I.U. Medical Center (7)
Edwards, Wendell L.
Marion Co. General Hospital (7)
Egbert, Herbert L.....5317 E. 16th St. (18)
Eicher, Palmer O.....3400 N. Meridian St. (8)
Eldridge, Gail E.....1440 E. 46th St. (5)
Elkins, James P.....234 E. Southern Ave. (25)
Ellis, Charles R.....Methodist Hospital (7)
Ellis, William N.....1640 N. Ritter Ave. (18)
Emhardt, John T.....1628 S. East St. (25)
Emhardt, John W. A. (S)
5424 Washington Blvd. (20)
Evans, Frederick H.....2140 N. Capitol (2)
Evans, Paul V.... Methodist Hospital (7)
Everly, Ralph V.....668 E. 38th St. (5)
Everly, Stephan S.
Marion Co. General Hospital (7)

F

Failey, Robert B., Jr.....I. U. Medical Center (7)
Farrell, Joseph T.....2807 E. Michigan St. (1)
Fausset, C. Basil.. 1815 N. Capitol Ave. (2)
Fechtman, William F.....1815 N. Capitol (2)
Feeney, Martin T.....St. Vincent's Hospital (7)
Ferry, Francis A.....1638 E. Raymond St. (3)
Finneran, Joseph C.....1802 N. Illinois St. (2)
Fisch, Charles.....I. U. Medical Center (7)
Fischer, A. Alan.....1745 Howard St. (21)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (3)
Flanagan, Paul M.....3440 N. Meridian St. (8)
Flanders, Robert, Jr.....3202 N. Meridian St. (8)
Flanigan, Meredith B.....3305 Rutledge (8)
Fleischl, Herbert....Central State Hospital (22)
Flick, John J.....668 E. 38th St. (5)
Flora, Joseph O.....4317 W. Washington St. (41)
Folkening, Norval C...234 E. Southern Ave. (25)
Forbes, Robert S..4110 Crooked Creek Overlook (8)
Fosgate, Harold L.....4301 E. 38th St. (18)
Foster, John A.....Methodist Hospital (7)
Foster, Lee N.....St. Vincent's Hospital (7)
Foster, Ray D.....1944 N. Capitol Ave. (2)
Fouts, Paul J.....623 Hume Mansur Bldg. (4)
Franklin, William L..508 Hume Mansur Bldg. (4)
Franz, Sherman G...LaRue D. Carter Hospital (7)
Freed, Carl A.....2948 Kessler Blvd., N. Dr. (22)
Freeman, Leslie W.....I. U. Medical Center (7)
Freeman, Max E.....1745 Howard St. (21)
French, Richard N.....LaRue D. Carter Hosp. (7)
Froderman, Stanley E.
Marion Co. General Hospital (7)
Fromhold, Willis A.....510 Willard Ave. (27)
Fry, Robert D.....517 Hume Mansur Bldg. (4)
Fugelso, Erling S...Marion County Gen'l Hosp. (7)
Fulper, James C.....3675 N. Post Road (26)
Fulton, William H.....1633 N. Capitol Ave. (2)
Fundenberger, Martin.....2815 E. 38th St. (18)

G

Gabovitch, Edward R.....1815 N. Capitol Ave. (2)
Gaddy, Euclid T. (S)
2602 W. Washington St. (22)
Gaddy, Nelson D...2602 W. Washington St. (22)
Gambill, J. Randolph
LaRue D. Carter Hospital (7)
Gambill, William D.....1633 N. Capitol Ave. (2)
Gammieri, Robert L.....661 E. 49th St. (5)
Garceau, George J....508 Hume Mansur Bldg. (4)
Gardiner, Sprague H.....I. U. Medical Center (7)
Gardner, Austin L.....3400 N. Meridian St. (8)
Gardner, Buckman....St. Vincent's Hospital (7)
Garfield, Martin D.....3705 College Ave. (5)
Garner, W. Stanley.....2704 E. 62nd St. (20)
Garrett, Robert A.....I. U. Medical Center (7)
Geider, Roy A.....1525 Prospect St. (3)
Geisler, Hans E.....1815 N. Capitol Ave (2)
George, Charles L.....1121 E. 80th St. (40)
Gibson, Greta Maxine
5744 Broadway Terrace (20)
Gick, Herman H. (S)..2705 E. Michigan St. (1)
Gifford, Fred E.....710 Hume Mansur Bldg. (4)
Gillen, Howard W.....I. U. Medical Center (7)
Gillespie, Charles F.....3400 N. Meridian St. (8)
Gillespie, Jacob E...523 Hume Mansur Bldg. (4)

Gillim, Parvin D.....I. U. Medical Center (7)
Ginsberg, Stewart T.
LaRue D. Carter Hospital (7)
Glendening, John L. (S)
7202 N. Meridian St. (60)
Glover, John L.....3031 N. Centennial (22)
Goldman, Samuel...2117 W. Washington St. (22)
Gormley, Joseph J.....2327 Lafayette Rd. (22)
Gosman, James H.....2901 N. Meridian St. (8)
Graham, Edward W.
V. A. Hospital, 1481 W. 10th St. (7)
Graham, John D.....1802 N. Illinois St. (2)
Graham, William E.....3440 N Meridian St. (8)
Gray, Howard R.....301 Hume Mansur Bldg. (4)
Gray, Kenneth L...2727 N. High School Rd. (24)
Grayson, Merrill.....I. U. Medical Center (7)
Grayson, Ted L.....1815 N. Capitol Ave. (2)
Green, Joseph B.....I. U. Medical Center (7)
Green, Morris.....Riley Hospital (7)
Greene, Morgan E.....1621 S. East St. (25)
Gregory, Robert L.....1743 Shelby St. (3)
Greist, John H.....3231 N. Meridian St. (8)
Grief, James V.....Methodist Hospital (7)
Grief, Robert S.....2307 S. Raymond St. (3)
Griffin, Leslie W...Allison Div., General Motors (6)
Griffith, Richard S.
Lilly Clinic, Marion Co. General Hospital (7)
Griffith, Ross E.....401 E. 34th St. (5)
Grimes, Hubert N.....3426 N. Meridian St. (8)
Grisell, Ted L.....5317 East 16th St. (18)
Grosz, Hanus J.....I. U. Medical Center (7)
Gruber, Charles M.
Lilly Clinic, Marion Co. General Hospital (7)
Gumbert, Jack L.
Marion Co. General Hospital (7)

H

Habegger, Elmer D.....1815 N. Capitol Ave. (2)
Hackney, Victor C.....I. U. Medical Center (7)
Hadley, David 702 Hume Mansur Bldg. (4)
Haggard, Edmund B.....932 Illinois Bldg. (4)
Hall, Frank M.....100 N. Senate Ave. (4)
Hall, Jack H.....Methodist Hospital (7)
Hamer, Homer G. (S)..1711 N. Capitol Ave. (7)
Hamilton, Howard B...901 S. Emerson Ave. (3)
Hampshire, Donald R.
1443 N. Pennsylvania St. (2)
Hancock, John G.....2226 W. Michigan St. (22)
Hann, Eldon C.....1633 N. Capitol Ave. (2)
Hanna, Thomas A.....1608 N. Lynhurst Dr. (24)
Hansell, Robert M....6049 E. Washington St. (19)
Harcourt, Allan K.....812 C. of C. Bldg. (4)
Harcourt, Robert S.....812 C. of C. Bldg. (4)
Harding, M. Richard.....3949 Meadows Dr. (5)
Harding, Myron S.....3949 Meadows Dr. (5)
Hare, Earl H. (S)
Indiana State Board of Health,
1330 W. Michigan St. (7)
Hare, Laura.....404 Hume Mansur Bldg. (4)
Harger, Robert W... 804 Hume Mansur Bldg. (4)
Harris, Carl B. 319 Hume Mansur Bldg. (4)
Harris, James C.....1010 E. 86th St. (40)
Harvey, Verne K., Jr.
Indiana State Board of Health,
1330 W. Michigan St. (7)
Hatfield, Nicholas W.....5851 E. 54th Pl. (26)
Hawk, James H.....3736 N. Delaware St. (5)
Haymond, Joseph L.....301 E. 38th St. (5)
Haynes, John T.....1815 N. Capitol Ave. (2)
Hays, Everett L. (S).....2607 Manker Ave. (3)
Healey, Robert J.....3602 N. Meridian St. (8)
Hedrick, Philip W.....1221 E. 86th St. (40)
Heimburger, Robert F...I. U. Medical Center (7)
Helmen, Charles H.....I. U. Medical Center (7)
Henderson, Francis G.
Marion Co. General Hospital (7)
Henderson, Roscoe C.
3131 Northwestern Ave. (23)
Henderson, William P.
520 Hume Mansur Bldg. (4)
Hendricks, Fred A...6921 N. Keystone Ave. (20)
Hendricks, John W...911 Hume Mansur Bldg. (4)
Henry, Russell S.....725 Hume Mansur Bldg. (4)
Hepburn, C. K.....1633 N. Capitol Ave. (2)
Herod, Gilbert.....Methodist Hospital (7)
Hetherington, John A...1633 N. Capitol Ave. (2)
Heubi, John E.....668 E. 38th St. (5)
Hibbeln, Thomas J.....Methodist Hospital (7)
Hickam, John B.....I. U. Medical Center (7)
Hickman, Jack W.
Marion Co. General Hospital (7)
Hicks, Murwyn L.....5470 E. 16th (18)
Hicks, Wilbur P.....56 W. 30th St. (8)
Hildebrand, William L..2963 N. Sherman Dr. (18)
Hill, Herbert N.....3349 Georgetown Rd. (24)
Hill, James K.....4701 W. 30th St. (24)
Hilz, James M.....435 S. East St. (25)
Himelstein, N. Harvey....1745 Howard St. (21)
Himler, James M.....809 Underwriters Bldg. (4)
Hines, Don C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Hoffman, Herman.....650 E. 38th St. (5)
Hofmann, J. William (S)
8360 Washington Blvd. (40)
Hogan, Michael A.....6214 Broadway (20)
Holman, Jerome E., Jr.....3315 E. 10th St. (1)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20)
Hood, Ainslee A.....3205 Shelby St. (27)
Horvath, George A.....Methodist Hospital (7)
Horwitz, Thomas....421 Hume Mansur Bldg. (4)
Howard, James T.....I. U. Medical Center (7)
Howell, Arthur..Marion Co. General Hospital (7)
Howell, Joseph D...760 Bankers Trust Bldg. (4)
Hoyt, Lester H.....Methodist Hospital (7)
Hoyt, Millard L.....5506 E. 16th St. (18)
Hubbard, Jesse D.....I. U. Medical Center (7)
Huber, Carl P.....I. U. Medical Center (7)
Hudson, Foster J. (S)...3440 N. Meridian St. (8)
Hull, Ronald H.....1815 N. Capitol Ave. (2)
Hummons, Francis D.
2229 Northwestern Ave. (23)
Hunt, H. Richard.....I. U. Medical Center (7)
Hurteau, William W.....Methodist Hospital (7)
Huse, William M.....1815 N. Capitol Ave. (2)
Hutson, Richard A.....7017 Pendleton Pike (26)

I

Irvine, William O.....1815 N. Capitol Ave. (2)
Irwin, Glenn W., Jr.....I. U. Medical Center (7)
Iske, Paul G.....5207 Central Ave. (20)

J

Jackson, James W. (S).....463 W. 32nd St. (8)
James, Charles E.....6939 N. Michigan Rd. (68)
Jaquith, Orville S. (S) ..261 Blue Ridge Rd. (8)
Jay, Arthur N.....3400 N. Meridian St. (8)
Jay, James M.....1633 N. Capitol Ave. (2)
Jenkins, Robert E.....3440 N. Meridian St. (8)
Jennings, Frank L. (S) 60 Meridian Pl. (5)
Jewett, Joe H.....3120 N. Meridian St. (8)
Jobes, James E.....110 N. Illinois St.,#413 (4)
Johnson, Earl H.....1802 N. Illinois St. (2)
Johnson, Thomas W.....1802 N. Illinois St. (2)
Jones, Allen W.....6060 College Ave. (20)
Jones, David E.....828 C. of C. Bldg. (4)
Jones, Francis P.....4212 E. Michigan St. (1)
Jones, George L.....8933 Southeastern Ave. (19)
Jones, Gordon C.....1517 N. Emerson (19)
Jones, Richard A.....I. U. Medical Center (7)
Jontz, Jon P.....5470 E. 16th St. (18)
Joseph, Rex M.....59 E. Troy Ave. (25)
Jowitt, Richard H.....1502 N. Emerson (19)
Judd, Russell L.....5470 E. 16th St. (18)
Judson, Walter E.....I. U. Medical Center (7)

K

Kahler, Maurice V. (S)...2638 Kessler Blvd. (22)
Kahn, Alexander J.....3120 N. Meridian St. (8)
Kahn, Howard L.....3120 N. Meridian St. (8)
Kaiser, James L.....1815 N. Capitol Ave. (2)

Kalsbeck, John E.....I. U. Medical Center (7)
Kammen, Leo.....3202 W. 16th St. (22)
Karsell, Philip R.
Marion Co. General Hospital (7)
Karsell, William A.. 3989 Meadows Dr. (5)
Katterjohn, James C..313 Hume Mansur Bldg. (4)
Kauffman, Nelson N.....4111 Meadows Dr. (5)
Kebel, Arthur P.....4456 N. Keystone Ave. (5)
Keenan, George B.....3225 Shelby St. (27)
Keever, Charles H.....5214 College Ave. (20)
Keiser, Venice D. (S).....5709 Broadway (20)
Kelly, Don E.....702 Underwriters Bldg. (4)
Kennedy, Hunter F.....1229 Prospect St. (3)
Kennedy, Joseph T.....5470 E. 16th St. (18)
Kenney, David B.....I. U. Medical Center (7)
Kenzler, Jack I.....205 Hume Mansur Bldg. (4)
Kerr, Harry R.....2817 E. Washington St. (1)
Ketcham, Jane M. (S).....3906 Ruckle St. (5)
King, Harold.....I. U. Medical Center (7)
Kingsbury, John K. (S)
5462 E. Washington St. (19)
Kirkhoff, Paul J.....5317 E. 16th St. (18)
Kirklin, Oren L.....3222 E. 38th St. (5)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kissel, Wesley A.....1815 N. Capitol Ave. (2)
Kitterman, Harry E.....5317 E. 16th St. (18)
Klain, Benjamin V.....4157 College Ave. (5)
Kleopfer, Ronald G.....1815 N. Capitol Ave. (2)
Klingerman, John J.....6130 E. 43rd St. (26)
Klutinoty, George H.....3002 N. Tibbs Ave. (22)
Kneidel, John H.....3314 W. 16th St. (22)
Knowles, Charles Y.....5317 E. 16th St. (18)
Knowles, Robert P.
2948 Kessler Blvd., N. Dr. (22)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kohlstaedt, Kenneth G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kooiker, John E.....1815 N. Capitol Ave. (2)
Koons, Karl M. (S)..923 Hume Mansur Bldg. (4)
Kopecky, Robert R.....4131 Shelby St. (27)
Kornafel, L. H.....905 Hume Mansur Bldg. (4)
Kraft, Bennett.....760 Bankers Trust Bldg. (4)
Kremp, Richard E...7848 New Augusta Rd. (68)
Kriel, William B.....5630 W. Washington St. (41)
Kuntz, Herman W...611 Hume Mansur Bldg. (4)
Kurlander, Gerald J.....I. U. Medical Center (7)
Kurtz, Fred B. (S).....5520 N. Illinois St. (8)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kwitny, Isadore J.....3400 N. Meridian St. (8)

L

Lackey, John T.. I. U. Medical Center (7)
LaDine, Clarence B.....2508 Station St. (18)
Lamb, Emmett B.....205 Hume Mansur Bldg. (4)
Lamb, Russell W.....205 Hume Mansur Bldg. (4)
Lamber, Chet K.....914 Hume Mansur Bldg. (4)
Lamkin, E. Henry, Jr.....I. U. Medical Center (7)
Landwehr, Alfons.....Sunnyside Sanitorium (26)
Lane, C. Elaine.....2840 N. High School (24)
Lang, Erich K.....Methodist Hospital (7)
Lang, Jay W.....5470 E. 16th St. (18)
Largaespada, Manuel.....549 S. Fleming (41)
Lashmet, Michael H..419 Hume Mansur Bldg. (4)
Lasich, Anthony R.....1815 N. Capitol Ave. (2)
Lawrance, Kingsley
Marion Co. General Hospital (7)
Lawrence, Gene C.....Methodist Hospital (7)
Lawson, Allan J.....1010 E. 86th St. (40)
Leasure, J. Kent (S)...3060 N. Meridian St. (8)
Leatherman, Harter L.....1502 E. 46th St. (5)
Leffel, James M.....1633 N. Capitol Ave. (2)
Leffler, William T.....2141 E. 52nd St. (5)
Lehman, Evan L.....Methodist Hospital (7)
LeMaster, Theodore R.
800 Hume Mansur Bldg. (4)
Leser, Ralph U.....3233 N. Meridian St. (8)
Levi, Leon.....40 W. 38th St. (8)
Lewis, Paul S.....6357 Rockville Rd. (24)
Lewis, R. Earl.....2531 Davis Rd. (39)
Lichtenberg, Melvin.....535 E. 38th St. (5)
Lidikay, Edward C.....3989 Meadows Dr. (5)
Lindenborg, Paul G..3016 N. Arlington Ave. (18)
Lingeman, Raleigh E....1944 N. Capitol Ave. (2)
Link, Goethe (S).....401 N. Illinois St. (4)
Littlefield, Paul A.
4040 Crooked Creek Overlook (8)
Littlefield, Shirley D.....1815 N. Capitol Ave. (2)
Lloyd, Frank P.....Methodist Hospital (7)
Loehr, William M.....I. U. Medical Center (7)
Long, Malcolm D.....7605 Westfield Blvd. (40)
Loomis, Norman S.....5230 N. Kenwood Ave. (8)
Lord, Glenn C.....104 E. 38th St. (5)
Louden, Robert W.....1221 E. 86th St. (40)
Love, George N.....5331 Washington Blvd. (20)
Lozow, David.....3949 Meadows Dr. (5)
Lucas, Clarence A., Jr....2012 Boulevard Pl. (2)
Lukemeyer, George T....I. U. Medical Center (7)
Lunsford, Thomas E....1815 N. Capitol Ave. (2)
Lurie, Paul R.....I. U. Medical Center (7)
Luros, J. Theodore.....1633 N. Capitol Ave. (2)
Lybrook, William B....3731 N. Keystone Ave. (18)
Lynn, Gene E.....1815 N. Capitol Ave. (2)

M

MacDougall, John D.....3949 Meadows Dr. (5)
McAlpine, Richard J..5704 N. Keystone Ave. (20)
McAree, Francis E., Jr.....5470 E. 16th St. (18)
McBride, James S. (S).....720 E. 80th St. (40)
McCallum, Donald C.....1815 N. Capitol Ave. (2)
McCallum, Joseph T. C. (S)..237 W. 46th St. (8)
McCallum, Robert N.....1815 N. Capitol Ave. (2)
McCammon, Robert E.....3141 Danbury Rd. (22)
McCartney, Donald H.
1021 Hume Mansur Bldg. (4)
McClain, Edwin S...414 Hume Mansur Bldg. (4)
McCormick, Charles O., Jr..3989 Meadows Dr. (5)
McDougal, Robert A.....3202 N. Meridian St. (8)
McElroy, James T.....2933 N. Tibbs Ave. (22)
McGrath, Michael F.....1929 E. 38th St. (18)
McIntyre, Charles J. (S).3930 Carrollton Ave. (5)
McIntyre, James M.....1815 N. Capitol Ave. (2)
McKinley, A. David.....I. U. Medical Center (7)
McLaren, Daniel E.....6000 E. 46th St. (26)
McNutt, Cyrus C.....Methodist Hospital (7)
McQuiston, Ralph J.....608 Guaranty Bldg. (4)
McTurnan, Robert W.....5646 N. Illinois St. (8)
Mackey, John E.....3400 N. Meridian St. (8)
Madden, Robert J.....4612 E. 10th St. (1)
Madtson, A. Ricks.1815 N. Capitol Ave. #307 (2)
Magennis, Herbert L. (S)..8417 Compton Dr. (40)
Manalan, Maurice M.
5831 E. Washington St. (19)
Manders, Karl L.....3400 N. Meridian St. (8)
Manion, Marlow W...601 Hume Mansur Bldg. (4)
Mann, Mortimer.....3426 N. Meridian St. (8)
Manning, K. Randolph..1815 N. Capitol Ave. (2)
Manzie, Michael W.....2372 Lafayette Rd. (22)
Marks, John S., Jr.....3400 N. Meridian (8)
Markstone, David H.....I. U. Medical Center (7)
Marsh, Carl M.....101 N. Shortridge Rd. (19)
Marshall, Albert L., Jr.
Indiana State Board of Health,
1330 W. Michigan St. (7)
Marshall, Cavins R. (S) 43 W. 30th St. (8)
Martin, Hugh E.
Pitman-Moore Co., 1200 Madison Ave. (6)
Martin, Loren H....2626 W. Washington St. (22)
Martz, Bill L.
Lilly Clinic, Marion Co. General Hospital (7)
Martz, Carl D.....912 Hume Mansur Bldg. (4)
Marvel, Robert J.....3426 N. Meridian St. (8)
Masbaum, Ned P.....1315 W. 10th St. (7)
Masters, John M.....805 Hume Mansur Bldg. (4)
Masters, Robert J. (S)
805 Hume Mansur Bldg. (4)

Matthew, W. Burleigh....518 Hume Mansur Bldg. (4)
Matthews, Bernard J.....4612 E. 10th St. (1)
Matthews, William M...1122 N. Bolton Ave. (19)
Maxam, B. T.....3524 N. Meridian St. (8)
Maxson, Roy V.....5836 Gateway Dr. (54)
Maxwell, Sam B.....Eli Lilly & Co., P. O. Box 618 (6)
Mealey, John, Jr.....I. U. Medical Center (7)
Megenhardt, Dennis S..1633 N. Capitol Ave. (2)
Meiks, Lyman T.....Riley Hospital (7)
Melin, John R.....1815 N. Capitol Ave. (2)
Mentendiek, Maurice H. 141 Buckingham Dr. (8)
Mericle, Earl W.....1633 N. Capitol Ave. (2)
Merritt, A. Donald.....I. U. Medical Center (7)
Merritt, Doris H.....I. U. Medical Center (7)
Mershon, Jack B.....3855 E. 10th St. (1)
Mertz, John H. O.....1711 N. Capitol Ave. (7)
Michael, Isaac E...2948 Kessler Blvd., N. Dr. (22)
Middleton, Harvey N. (S) 1828 N. Illinois St. (2)
Millan, Felix....Marion Co. General Hospital (7)
Miller, Frank H.....201 Hume Mansur Bldg. (4)
Miller, Jerry A.....1815 N. Capitol Ave. (2)
Miller, Jerry R.....I. U. Medical Center (7)
Miller, John D.....Sunnyside Sanitorium (26)
Miller, L. Hoyt.....6000 E. 46th St. (26)
Miller, Roscoe E.....I. U. Medical Center (7)
Mitchell, George H...6049 E. Washington St. (19)
Moak, Glenn D.....712 Hume Mansur Bldg. (4)
Montgomery, William F. 904 Hume Mansur Bldg. (4)
Moore, Donald F...LaRue D. Carter Hospital (7)
Moore, Harold T.....1815 N. Capitol Ave. (2)
Moores, William B.....2205 Durham Dr. (20)
Moran, William J.....1429 Shelby (3)
Morchan, Samuel.....3769 College Ave. (5)
Morgan, Margaret E....3400 N. Meridian St. (8)
Moriarty, John R.....5602 Madison Ave. (27)
Morrison, Lewis E...603 Hume Mansur Bldg. (4)
Morton, Joseph L.....St. Vincent's Hosp. (7)
Morton, Walter P. (S) 3434 Fall Creek Blvd. (5)
Moss, Bobby L.....5316 E. 16th St. (18)
Moss, Harlan B.....1640 N. Ritter Ave. (18)
Moss, Herschel C.....1640 N. Ritter Ave. (18)
Mothersill, Mark H. (S)....3650 College Ave. (5)
Mouser, Robert W.....6201 Park Ave. (20)
Mullen, James B.....3120 N. Meridian St. (8)
Muller, Lullus P.....3120 N. Meridian St. (8)
Muller, Paul F.....3440 N. Meridian St. (8)
Muller, Victor H.....St. Vincent's Hosp. (7)
Murphy, Mary M.....1633 N. Capitol Ave. (2)
Myers, Charles W. (S)..R. R. 18, Box 256 (24)

N

Nagan, Robert F.....606 Hume Mansur Bldg. (4)
Nasser, William K.....I.U. Medical Center (7)
Nay, Richard M.....3524 N. Meridian St. (8)
Need, David J.....I. U. Medical Center (7)
Need, Louis T.....1927 S. Meridian St. (25)
Need, Richard L.....234 E. Southern Ave. (25)
Nester, Henry G.....1841 City-County Bldg. (4)
Newman, Daniel M.....1711 N. Capitol Ave. (7)
Nicholas, Dennis J.....4365 Wexford (26)
Nichols, William F. Marion Co. General Hosp. (7)
Nie, Louis W.....3231 N. Meridian St. (8)
Nohl, John M.....457 N. Emerson Ave. (19)
Nolin, Richard T.....10447 N. College Ave. (80)
Nolting, Henry F. (S).....261 W. 40th St. (8)
Norman, William H...908 Hume Mansur Bldg. (4)
Norris, Max S.....510 Hume Mansur Bldg. (4)
Nourse, Myron H.....1711 N. Capitol Ave. (7)
Nugent, Edwin J...Allison Div. GMC, Box 894 (6)
Nurnberger, John I.....I. U. Medical Center (7)

O

O'Brian, Earl J.....3041 Lafayette Rd. (22)
Ochsner, Harold C., Jr.....5215 N. Illinois St. (8)
Ochsner, Harold C.....3440 N. Meridian St. (8)
O'Connell, Noreen M. V. A. Hospital, 1481 W. 10th St. (7)
Offutt, Andrew C...Indiana State Board of Health, 1330 W. Michigan St. (7)
Olvey, Ottis N.....3769 Park Ave. (5)
Otten, Claude F.....812 C. of C. Bldg. (4)
Overley, Ross A.....1815 N. Capitol Ave. (2)
Overley, Toner M., Jr.....I.U. Medical Center (7)
Owen, John E.....605 Hume Mansur Bldg. (4)
Owens, Tracy C.....2823 N. Meridian St. (8)

P

Palmer, Harley P.....Methodist Hospital (7)
Palmer, Robert M.....I. U. Medical Center (7)
Palmer, Robert W.....5398 Hillside Ave. (20)
Pantzer, John G., Jr...1815 N. Capitol Ave. (2)
Parker, George F., Jr..1502 N. Emerson Ave. (19)
Parker, John F.....6508 E. Washington St. (19)
Parker, Portia.....2226 W. Michigan St. (22)
Parks, Herbert E.....Community Hospital (19)
Paskind, Jacob..Marion Co. General Hospital (7)
Paulissen, George T.....741 Markwood Ave. (27)
Pearson, John S...American United Life Ins. Co., 30 W. Fall Creek Parkway (6)
Peck, Franklin B., Jr. Lilly Clinic, Marion Co. General Hospital (7)
Peck, Franklin B., Sr.....5833 Brockton Dr. (20)
Peirce, James D. Eli Lilly & Co., 740 S. Alabama St. (6)
Peterson, Deward D. Marion Co. General Hospital (7)
Petranoff, Theodore V. (S) 515 N. Tibbs Ave. (22)
Pettijohn, Fred L. (S).....2460 Central Ave. (5)
Pfaff, Dudley A. V.A. Regional Office, 36 S. Pennsylvania St. (9)
Phillips, David L.....3400 N. Meridian St. (8)
Pickett, Robert D.....3524 N. Meridian St. (8)
Pierce, Raymond O., Jr.....3151 N. Illinois St. (8)
Pilcher, Jack E.....1802 N. Illinois St. (2)
Pile, Stafford W., Jr.....I.U. Medical Center (7)
Pittman, John N.....1815 N. Capitol Ave. (2)
Pontius, Edwin E.....Methodist Hospital (7)
Popplewell, Arvine G. Marion Co. General Hospital (7)
Porter, Robert A.....8211 Anemone Lane (19)
Powell, Richard C.....I. U. Medical Center (7)
Price, Francis W.....1002 E. Troy Ave. (3)
Price, James O.....512 Hume Mansur Bldg. (4)
Price, Walter S.....8430 Washington Blvd. (40)
Pryor, Richard C.....6111 College Ave. (20)

Q

Quigley, Joseph B.....5470 E. 16th St. (18)

R

Rabb, Frank M.....3740 Central Ave. (5)
Raber, Robert M.....1633 N. Capitol Ave. (2)
Rader, George S.....1815 N. Capitol Ave. (2)
Rafalski, Thomas A.....3120 N. Meridian St. (8)
Ragan, William D.....3400 N. Meridian St. (8)
Ramsey, Frank B.....1802 N. Illinois St. (2)
Randall, Thomas A. Marion Co. General Hosp. (7)
Ransburg, Robert C.....Methodist Hospital (7)
Rapp, George F.....508 Hume Mansur Bldg. (4)
Rawls, George H.....3151 N. Illinois St. (8)
Reed, Philip B.....1815 N. Capitol Ave. (2)
Reed, Thomas E.....6049 E. Washington St. (19)
Rees, Russel C.....6114 E. Washington St. (19)
Reid, Charles A.....2445 Shelby St. (3)
Reitz, Lawrence A....340 White River Pkwy. (22)
Rice, Frederic A., Jr.....7017 Pendleton Pike (26)
Rice, Raymond D.....1010 E. 86th St. (40)
Rice, Raymond M. Eli Lilly & Co., 740 S. Alabama St. (6)
Rice, Ronald B.....1010 E. 86th St. (40)
Rich, Richard B...822 Hume Mansur Bldg. (4)
Richardson, Thad T.....513 S. Sherman Dr. (3)
Richter, Arthur B...720 Hume Mansur Bldg. (4)

Ridolfo, Anthony S.
Lilly Clinic, Marion Co. General Hospital (7)
Riner, Jack K.....5317 E. 16th St. (18)
Ritchey, James O.....608 Hume Mansur Bldg. (4)
Ritter, Wayne L.....404 Hume Mansur Bldg. (4)
Robb, John A.....238 Hume Mansur Bldg. (4)
Robertson, Ray B...6118 E. Washington St. (19)
Robinson, Earle U., Jr....2416 N. Capitol Ave. (8)
Rochlin, Isidore.....3202 N. Meridian St. (8)
Roesch, Ryland P.....5439 Shorewood Dr. (20)
Roeske, Nancy A..6815 N. Pennsylvania St. (20)
Rogers, Donald L.....3426 N. Meridian St. (8)
Rohn, Robert J.....I. U. Medical Center (7)
Roller, Charles W. (S).....915 Hervey (3)
Romberger, Floyd T., Jr. 3400 N. Meridian St. (8)
Rosenak, Bernard D.....1815 N. Capitol Ave. (2)
Rosenbaum, Irving, Jr. 401 E. 34th St. (5)
Rosenberg, Gabriel J.....6450 W. 10th St. (24)
Ross, Alexander T.....I. U. Medical Center (7)
Roth, Bertram S.....6358 College Ave. (20)
Rougraff, Maurice E.
American United Life Ins. Co.,
30 W. Fall Creek Parkway (6)
Row, D. Hamilton...906 Hume Mansur Bldg. (4)
Ruddell, Karl R. (S)...3202 N. Meridian St. (8)
Ruddell, Keith R.....3202 N. Meridian St. (8)
Rudesill, Cecil L. (S)
405 Hume Mansur Bldg. (4)
Rudesill, Robert L...405 Hume Mansur Bldg. (4)
Rushmore, Charles H.....240 N.Meridian St. (6)
Russell, John R.....1815 N. Capitol Ave. (2)
Rust, Roland B.....3939 Meadows Drive (5)
Ruth, Martin L.....4304 E. Washington St. (1)
Ryan, C. David.....Methodist Hospital (7)
Ryan, Glen V.....2428 W. 16th St. (22)

S

Sage, Russell A.....1944 N. Capitol Ave. (2)
Sanders, Fred.....6007 N. Michigan Rd. (8)
Sanders, Harry M. 4829 E. 38th St. (18)
Sanders, Marilyn M.....Methodist Hospital (7)
Sanders, Roma J.....Methodist Hospital (7)
Saperstein, Morris....1815 N. Capitol Ave. (2)
Sappenfield, Ralph S.....Methodist Hospital (7)
Schaffer, Edward V.....1815 N. Capitol Ave. (2)
Schechter, John S.....3400 N. Meridian St. (8)
Scheier, Emil W.....1542 Prospect St. (3)
Schermer, Kenneth L.....Methodist Hospital (7)
Schiffer, Eva M.....Methodist Hospital (7)
Schlaegel, Theodore F., Jr.
I. U. Medical Center (7)
Schlegel, Donald M.....1815 N. Capitol Ave. (2)
Schmalhausen, Ansel W...1815 N. Capitol Ave. (2)
Schmidt, Loren F....605 Hume Mansur Bldg. (4)
Schmoyer, Maurice R...Community Hospital (19)
Schneider, Carl J.....1008 N. Beville Ave. (1)
Schneider, Paul A.....4829 E. 38th St. (18)
Schnute, Richard B.....I. U. Medical Center (7)
Schuchman, Gabriel.....3451 College Ave. (5)
Schumacher, Richard R..3516 N. Norfolk St. (24)
Schuster, Dwight W.....1815 N. Capitol Ave. (2)
Schwarz, Anton
Pitman-Moore Co., 1200 Madison Ave. (6)
Scofield, John B.....3120 N. Meridian St. (8)
Scott, George E.....4110 Roland Rd. (8)
Scott, I. Winfield.....3400 N. Meridian St. (8)
Scott, John R.....6214 Broadway (20)
Scott, Robert P.....209 Hume Mansur Bldg. (4)
Scott, Samuel L.....6325 Guilford Ave. (20)
Seaman, Charles F...301 Hume Mansur Bldg. (4)
Searight, John L.....6032 E. 10th St. (19)
Sedam, Herbert L.....4548 College Ave. (5)
Segar, William E.....Riley Hospital (7)
Sellmer, George W.....1221 E. 86th St. (40)
Sexson, Hiram T.....3731 N. Keystone (18)
Seybert, Thomas C.....6000 E. 46th St. (26)
Shafer, Marion R...614 Hume Mansur Bldg., (4)
Shanafelt, Donald K.....1802 N. Illinois St. (2)
Shapiro, Burton J.....3620 N. Meridian St. (8)
Sheehan, Francis G..6049 E. Washington St. (19)
Shelley, Richard J.....5470 E. 16th St. (18)
Sherster, Harry.....1135 S. Meridian St. (25)
Shipley, Edward....LaRue D. Carter Hospital (7)
Shullenberger, Wendell A.
1815 N. Capitol Ave. (2)
Shumacker, Harris B., Jr.,
I. U. Medical Center (7)
Sicks, Okla W. (S).....607 E. 82nd St. (20)
Sidel, Alan W..Marion Co. General Hospital (7)
Siderys, Harry 1815 N. Capitol Ave. (2)
Siebe, Jack C.....4829 E. 38th St. (18)
Siersdorfer, Theodore N. (S)
5559 W. Morris St. (41)
Sigmond, Harvey W..321 Hume Mansur Bldg. (4)
Silver, Richard A.....712 Hume Mansur Bldg. (4)
Simmons, James E.....I. U. Medical Center (7)
Simms, J. Leon....2453 Northwestern Ave. (23)
Sims, J. Lawrence.....3949 Meadows Dr. (5)
Slichenmyer, Jack E....1944 N. Capitol Ave. (2)
Sluss, David H.....808 C. of C. Bldg. (4)
Smith, David L...2948 Kessler Blvd., N. Dr. (22)
Smith, E. Rogers (S)
722 Hume Mansur Bldg. (4)
Smith, Francis C....1102 N. Irvington Ave. (19)
Smith, Roy Lee (S)...707 Underwriters Bldg. (4)
Sobat, William S.....Methodist Hospital (7)
Solomon, Reuben A. (S)
412 Hume Mansur Bldg. (4)
Soper, Hunter A.....3524 N. Meridian St. (8)
Souter, Martha C.....3360 N. Meridian St. (8)
Sovine, Joe W.....504 Hume Mansur Bldg. (4)
Spahr, John F., Jr.,....3440 N. Meridian St. (8)
Spalding, Joseph J...706 Hume Mansur Bldg.(4)
Spangler, John S.....1925 N. Senate St. (2)
Sparks, Alan L.....1024 Hume Mansur Bldg. (4)
Spears, John M.....7046 Madison Ave. (27)
Speckman, Glenn H.....2120 E. 10th St. (1)
Spolyar, Louis W...Indiana State Board of Health,
1330 W. Michigan St. (7)
Sputh, Carl B., Jr.....5506 E. 16th St. (18)
Stadler, Harold E.....41 N. Shortridge Rd. (19)
Stander, Richard W.....I. U. Medical Center (7)
Stansbury, William E...3628 N. Sherman Dr. (18)
Stayton, Chester A., Jr.
313 Hume Mansur Bldg. (4)
Steinmetz, Edward F.
Marion Co. General Hospital (7)
Stephens, Donald E.....6211 College Ave. (20)
Stephens, Kuhrman H.
501 Hume Mansur Bldg. (4)
Stetson, John B.....I.U. Medical Center (7)
Stevens, Sydney L.....1802 N. Illinois St. (2)
Stoelting, Vergil K.....I. U. Medical Center (7)
Stone, Alvin T.....6202 College Ave. (20)
Storey, D. Edmund.....6225 Broadway (20)
Storey, Joseph L.....3454 N. Illinois St. (8)
Storms, Roy B. (S).....812 C. of C. Bldg. (4)
Strang, William C.....1815 N. Capitol Ave. (2)
Streeter, Ralph T.....3131 E. 38th St. (18)
Strickland, James W.
Marion Co. General Hosp. (7)
Strickland, Neil R.....6000 E. 46th St. (26)
Stucky, Elsworth K.....1349 Madison Ave. (25)
Stump, Loyd K.....3949 Meadows Dr. (5)
Stump, Thomas A.
Marion Co. General Hospital (7)
Suelzer, John G.....1815 N. Capitol Ave. (2)
Suess, Robert E.....41 N. Shortridge Rd. (19)
Sullivan, James J.....St. Vincent's Hospital (7)
Surratt, Mary Norris.....1010 E. 86th St. (40)
Sutton, William E....521 Hume Mansur Bldg. (4)
Swan, John R.....915 Hume Mansur Bldg. (4)
Symmes, Alfred T.....1010 E. 86th St. (40)
Szynal, John S.....2811 E. 46th St. (5)

T

Talbott, Dan E.....1802 N. Illinois St. (2)
Tanner, Henry S.....321 Hume Mansur Bldg. (4)
Taube, Jack I.....214 Hume Mansur Bldg. (4)

Tavel, Morton E.....1815 N. Capitol Ave. (2)
Taylor, Frederic W.....3524 N. Meridian St. (8)
Taylor, Willis D.....Ford Motor Co., P.O. Box 19106 (19)
Teague, Frank W...1021 Hume Mansur Bldg. (4)
Teixler, Victor A.....818 Hume Mansur Bldg. (4)
Tepfer, Milton..Marion Co. General Hospital (7)
Test, Charles E.....1006 Hume Mansur Bldg. (4)
Teter, George V.....1221 E. 86th St. (40)
Tether, Joseph E.....510 Hume Mansur Bldg. (4)
Tharpe, Ray G.....3202 N. Meridian St. (8)
Thatcher, Hugh K., Jr....4548 College Ave. (5)
Thoman, Rex L.....1815 N. Capitol Ave. (2)
Thomas, Charles R. 532 Turtle Creek, N. Dr. (27)
Thomas, Edward P.....917 W. 30th St. (23)
Thomas, Fred A.....St. Vincent's Hospital (7)
Thomas, Lowell I.....1815 N. Capitol Ave. (2)
Thomas, Morris E.....1802 N. Illinois St. (2)
Thompson, John V.....7899 Ridge Rd. (40)
Thompson, Joseph F.....I. U. Medical Center (7)
Thompson, Paul D. 423 Hume Mansur Bldg. (4)
Thompson, Wayne H.....5470 E. 16th St. (18)
Thornton, Harold C.....301 E. 38th St. (5)
Throop, Frank B.....3400 N. Meridian St. (8)
Tindall, George T.....6002 Windsor Dr. (18)
Tinsley, Frank W.....3044 Lafayette Rd. (22)
Tinsley, Walter B., Jr....3044 Lafayette Rd. (22)
Tinsley, Walter B. (S)....603 K. of P. Bldg. (4)
Tischer, E. Paul.....208 Hume Mansur Bldg. (4)
Tondra, John M.....400 Hume Mansur Bldg. (4)
Torrella, Jose A.....5324 W. 16th St. (24)
Toumey, Fred L.....1802 N. Illinois St. (2)
Townsend, James C.....I.U. Medical Center (7)
Trusler, H. Marshall...I. U. Medical Center (7)
Trusler, Harold M....408 Hume Mansur Bldg. (4)
Tuchman, Joseph H.....2040 E. 46th St. (5)
Tucker, Warren S...414 Hume Mansur Bldg. (4)
Tyler, Edward A.....I. U. Medical Center (7)
Tyner, Harlan H.....3202 N. Meridian St. (8)

U-V

Ullom, Ralph B.....3524 N. Meridian St. (8)
Vandivier, Robert M.....I. U. Medical Center (7)
Van Dorn, Myron J.....2165 Weslynn Dr. (8)
Van Fleet, Josephine....Indiana State Board of Health, 1330 W. Michigan St. (7)
Van Meter, C. Powell.....3419 E. 10th St. (1)
Van Tassel, Charles J., Jr. 709 Hume Mansur Bldg. (4)
Van Vactor, Helen D...1815 N. Capitol Ave. (2)
Vellios, Frank.....I. U. Medical Center (7)
Vigor, David N.....4066 Broadway (5)
Vollrath, Victor J.....5202 N. Illinois St. (8)
Von Der Haar, Gerard..4016 E. Michigan St. (1)
Vore, Robert E.....5470 E. 16th St. (18)

W

Wainscott, Clinton S., Jr..3120 N. Meridian St. (8)
Waldo, J. Thayer.....3989 Meadows Dr. (5)
Walker, Robert M.....2113 Medford Ave. (22)
Walters, Edward W.....4419 Park Forest Dr. (26)
Walther, Joseph E.....3202 N. Meridian St. (8)
Walton, William M.....1802 N. Illinois St. (2)
Ward, Wesley C.....5130 N. Meridian St. (8)
Warman, Alvah P. (S)....1363 E. 38th St. (5)
Warneke, Charles H...1815 N. Capitol Ave. (2)
Warriner, James B...1012 N. Emerson Ave. (19)
Warvel, John H., Jr. 614 Hume Mansur Bldg. (4)
Warvel, John H. (S)..4360 Kessler Blvd., N. D. (8)
Washington, Wilbert 2142 N. Capitol Ave. (2)
Wehrman, Jule O. (S) 1408 N. Pennsylvania St. (2)
Weigand, Clayton G. Eli Lilly & Co., 740 S. Alabama St. (6)
Weinberger, Myron H.....I. U. Medical Center (7)
Weiss, Jason.....4914 W. 16th St. (24)
West, Joseph L.....6714 Rockville Rd. (24)
Westfall, B. Kemper.....668 E. 38th St. (5)
Westfall, John B...1025 Hume Mansur Bldg. (4)
Wheeler, David E.....Community Hospital (19)
Wheeler, Edward C...313 Hume Mansur Bldg. (4)
White, Donald J.....3524 N. Meridian St. (8)
White, Douglas H.....3524 N. Meridian St. (8)
White, Gene A.....3628 N. Sherman Dr. (18)
Widdifield, G. E.....2614 Madison Ave. (3)
Wilbrandt, Hans R.....5324 W. 16th St. (24)
Wilkens, Irvin W.....1743 Shelby St. (3)
Williams, Charles D.....2422 Station St. (18)
Williams, Clifford L...Central State Hospital (22)
Williams, Harold W.....6000 E. 46th St. (26)
Williams, Howard S.....1815 N. Capitol Ave. (2)
Williams, Hugh L.....4829 E. 38th St. (18)
Williams, Paul D....Central State Hospital (22)
Wilson, Fred M.....I. U. Medical Center (7)
Wirey, Harold R.....7377 S. Madison Ave. (27)
Wise, William R.....2372 Lafayette Rd. (22)
Wishard, William N., Jr..1711 N. Capitol Ave. (7)
Woerner, Thomas E...620 Hume Mansur Bldg. (4)
Wolfram, Don J.....208 Hume Mansur Bldg. (4)
Wood, Donald E.....6325 Guilford Ave. (20)
Woodard, Abram S., Jr.....668 E. 38th St. (5)
Woolling, Kenneth R..718 Hume Mansur Bldg. (4)
Worley, Joseph P....5839 E. Washington St. (19)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19)
Wright, James J...LaRue D. Carter Hospital (7)
Wright, J. William, Jr. 5506 E. 16th St. (18)
Wyttenbach, John E...503 Hume Mansur Bldg. (4)

Y

Yacko, Michael L.....5470 E. 16th St. (18)
Yingling, Robert J.....Community Hospital (19)
Young, James W.....6302 Guilford Ave. (20)
Young, John E.....4829 E. 38th St. (18)
Young, John M.....1456 E. 46th St. (5)
Young, John T.....3151 N. Illinois St. (8)

Z

Zell, Evertson H.....812 C. of C. Bldg. (4)
Zeman, Ruth E.....3400 N. Meridian St. (8)
Zeps, E. Frances.....Indiana State Board of Health, 1330 W. Michigan St. (7)

Lewis, Robert J. 4350 Franklin Rd., Lawrence (26)
Caplin, Samuel S. Veterans Hospital, Marion (46952)
Asher, Ernest O. (S) 4730 W. 72nd St., New Augusta (46268)
Asher, James W...4730 W. 72nd St., New Augusta (46268)
Browning, William M. R. R. 1, Box 221-E, Nineveh (46164)
Paynter, Morris B.....59 Union St., Southport (46227)
Anderson, John T.....Pitman-Moore Co., 9550 Zionsville Rd., Zionsville (46077)
Harvey, Verne K., Sr...R. R. 2, Box 354, Zionsville (46077)
Nolan, Robert B.....Pitman-Moore Research Center, P.O. Box 10, Zionsville (46077)

Akre, Philip R.....1201 E. Mulberry, Apt 601, San Antonio, Texas (78209)
Alley, Thomas W.....1056-A S. Guam Dr., USNCBC, Port Hueneme, Calif. (93041)
Balch, James F., Jr.....St. Albans Naval Hospital, St. Albans, N. Y. (11412)
Barrett, Robert V.....10474 Janice Lynn Circle, Cypress, Calif. (90630)
Barry, M. Joseph, Sr. (S)....1428 6th Ave., S.W., Rochester, Minn. (55901)
Bohner, Caryle B.....Huasca, Hidalgo, Mexico
Brayton, John R., Jr.....USN Hospital, USN Aviation Med. Center, Pensacola, Fla. (32512)

Bugh, Charles W.....971 Riverview Dr., Fairbanks, Alaska
Clark, Charles M., Jr.....88 Francis St., #4, Boston, Mass. (02115)
Close, Gerald A.....Mutambara Methodist Center, P. O. Mutambara, S. Rhodesia, Africa
Coddington, Robert C.....121st Evacuation Hospital, APO San Francisco, Calif. (96220)
Colbert, Richard M.....3976 Oakhill Rd., Oakland, Calif. (94605)
Colbert, Ruth E.....3976 Oakhill Rd., Oakland, Calif. (94605)
Cortese, Thomas A., Jr.....Letterman General Hospital, San Francisco, Calif. (94129)
Dehner, John R.....4500 USAF Hospital, Langley AFB. Va. (23365)
Dirks, Kenneth R.....U. S. Army Medical Unit, Ft. Detrick, Md.
Fisher, Gerald....Ippy, Central African Republic
Forry, Frank (S).....229 Pineville Rd., Spartanburg, S. Car. (29302)
Gabe, William E. (S).....61 Heather Lane, Orindo, Calif. (94563)
Gabrielsen, T. H.....%Salvation Army, International P.O. Box 1192, Seoul, Korea
Genna, Mary M.....11801 W. Indian Trail, Hale's Corners, Wisc. (53130)
Gilliland, John E.....Clinica Evangelica Morava, Ahuas, Dept. Gracias A Dios, Honduras, C. America
Holland, William M.
2709 S. 13th St., Arlington, Va. (22204)
Hull, DeWayne L.....Wilford Hall Hospital, Lackland AFB, San Antonio, Texas (78236)
Hurt, LaVerne B.....3102 Palm Ave., Delray Beach, Fla. (33444)
Kammen, Robert.....5667 N. Lafayette, Fresno, Calif. (93703)
Kenoyer, Wilbur L.....7520th USAF Hospital, APO 125, New York, N. Y.
Lawler, George F.....109 Esplanade, S., Venice, Fla. (33595)
Long, Michael T.....3025 Forrester Ct., San Diego, Calif. (92123)
Lord, Thomas J.....4 Beech Ave., Colorado Springs, Colo. (80906)
Lynch, William A...49th TAC Hosp., CMR #839, APO New York (09123)
McCarthy, Daniel F., Jr.....2nd Battalion, 34th Infantry, APO 112, New York, N. Y.
McLain, C. R., Jr.....2137 Bending Willow Dr., Kettering, Ohio (45429)
Marks, Maurice I.
1 Washington Circle, Washington, D. C. (20037)
Mertz, Henry O., Sr. (S)...2911 Pharr Court, S., N. W., Atlanta, Ga. (30305)
Moser, Rollin H.....2600 Surf Rd Hollywood, Fla. (33020)
Murray, James S.....2068 Ventura Blvd., Camarillo, Calif. (93010)
Myers, Roy V. (S).....7710 Beta Circle, West Palm Beach, Fla. (33406)
Nelson, John W...Box 98, University of Tennessee, Memphis, Tenn. (38103)
Pearson, Lyman R.....1881 Ridgeway Dr., Clearwater, Fla. (33515)
Plott, Dwight M.....U. S. Naval Hosp., San Diego, Calif. (92134)
Poland, Maynard D.....Womack Army Hosp., Fort Bragg, N. C. (28307)
Rabb, Aaron.....332 Wildwood Pl., Louisville, Ky. (40206)
Rhodes, Theodore D.
777 John Ringling Causeway, Sarasota, Fla. (33577)
Ricketts, Joseph W. (S).....136 Magnolia Dr., Ormond Beach, Fla. (32074)
Rigg, John F. (S).....1279 N. E. 97th St., Miami Shores, Fla. (33153)
Riley, Paul D.....Univ. of Oklahoma, Pediatric Hosp., Oklahoma City, Okla. (73104)
Robinson, Frank C. (S).....200 Via Mentone, Newport Beach, Calif. (92660)
Rogers, Thomas P.....6142 LaPintura Dr., La Jolla, Calif. (92037)
Rudolph, Stephen J., Jr....51st USAF Dispensary, APO 235, San Francisco, Calif.
Rust, Byron K.
P.O. Box 28, Big Pine Key, Fla. (33043)
Salb, Max C.....Kuttawa, Ky. (42055)
Scheeringa, Ronald H.....USPHS Hosp., Galveston, Texas (77552)
Schuchman, Abe.....7524 Devista, Los Angeles, Calif. (90046)
Simpson, William D.....Memorial Hosp. of Wake County, Raleigh, N. C. (27603)
Slomka, Myron B.....Shell Chemical Co., 110 W. 51st St., New York, N.Y. (10020)
Smith, Stephen M.....Jackson Memorial Hosp., Miami, Fla. (33136)
Snider, Byron...R. R. 1, Box 963, Escondido, Calif. (92025)
Spalding, David L.....USPHS Outpatient Clinic, Fourth and C Sts., S.W., Washington, D.C. (20027)
Steury, Ernest M.....Tenwek, Sotik, Bomet, Kenya, Africa
Takahashi, Masato.....Dept. of Pediatrics, Univ. of California, Los Angeles, Calif. (90024)
Trudgen, Spencer F....21st Evac. Hosp., Augsburg, Germany, APO 178, New York, N. Y.
Wasserman, Don H.....136 Ely, Colorado Springs, Colo. (80911)
Watring, Watson G.
883-A Birch, Ft. Devens, Mass. (01433)
Ziperman, H. Haskell.... Wm. Beaumont General Hosp., El Paso, Texas (79920)

MARSHALL COUNTY

Hampton, James N.....Argos (46501)
Kelly, Frank H. (S).....Argos (46501)
Swihart, John J.....Argos (46501)
Connell, Vactor O.....Bourbon (46504)
Kemp, W. Alfred.....Bourbon (46504)

Bremen
(*Zip Code* 46506)

Bowen, Otis R.....304 N. Center St.
Burket, Cecil R.....424 W. South St.
Schreiner, John E.....201 E. Plymouth
Stine, Marshall E.....424 W. South St.

Culver
(*Zip Code* 46511)

Baker, Milan D.....Culver Military Academy
Hippensteel, Russell R.....121 College Ave.
Howard, Joseph D.....921 Lake Shore Dr.
Rosero, M. George.....921 Lake Shore Dr.
Streeter, Ralph G.....Culver Military Academy

Plymouth
(*Zip Code* 46563)

Coursey, James O., Jr.....109 N. Walnut St.
France, Lloyd C.....1223 N. Center St.
Guild, John K.....1167 Pennsylvania
Kubley, James D.....304 N. Walnut St.
Peterson, Ronald L.....116 E. Washington St.
Reed, Robert G., Jr.....109 N. Walnut St.
Reno, Edward C.....700 Ferndale St.
Rimel, James F.....1223 N. Center St.
Robertson, James S.....304 N. Walnut St.
Vore, Louring W.....116 E. Washington St.

Thompson, Alfred A. (S).....Tyner (46572)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Shrock, Ethan E.....Amboy (46911)
Crates, Gordon C.....Denver (46926)
Sixbey, Maurice D.....Denver (46926)
Malott, Fred R.....Converse (46919)
Sennett, William K.....Macy (46951)
Rendel, Harold E.....Mexico (46958)

Peru

(*Zip Code* 46970)

Ferrara, Donald W.....18 W. Fifth St.
Ferrara, Samuel J.....18 W. Fifth St.
Guthrie, James U.....331 W. Third St.
Herd, Cloyn R.....15 S. Wabash St.
Hill, Lloyd L.....65 N. Miami St.
Malouf, Stephen D. (S).....Box 639
Snyder, Parker W.....65 N. Miami St.

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Alexander, Stephen J.....408 W. Market St.
Burks, Jess E.....411 Ben Hur Bldg.
Cornell, Robert A.....204 Ben Hur Bldg.
Daugherty, Fred N.....120 W. Pike St.
Dodds, Wemple.....Culver Hospital
Eggers, Richard R.....120 W. Pike St.
Gard, Daniel A.....R. R. Donnelley & Sons Co.
Haller, Thomas C.....411 Tinsley Ave.
Humphreys, John W.....312 Jones St.
Kirtley, James M.....416 Ben Hur Bldg.
Lingeman, Byron N.....419 Ben Hur Bldg.
Ludwig, Paul E.....408 W. Market St.
Millis, Samuel C.....416 Ben Hur Bldg.
Peacock, Norman F.....219 Ben Hur Bldg.
Pierson, Robert H.....305 E. Main St.
Shannon, Wesley E.....408 W. Market St.
Viray, Victoriano G.....411 Tinsley Ave.
Wallace, Hawthorne C. (S)
R. R. Donnelley & Sons Co.

Priebe, Fred H.....Marion Co. Gen. Hosp., Indianapolis (46207)
Blix, Fred M.....Ladoga (47954)
Davis, William H.....New Market (47965)
Holden, Gary R.....New Market (47965)
Kindell, Hurschell D.....New Richmond (47967)
Hales, Robert E.....Roachdale (46172)
Richards, Edgar E.....Russellville (46175)
Thompson, Claude N.....Waynetown (47990)
Parker, Carl B.....Wingate (47994)

Baird, Malcolm K.
10 Congress Dr., Long Island, N. Y. (11749)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Dickens, Karl L.....95 W. Jackson St.
Drake, Ellery T.....P. O. Box 110
Eisenberg, David A.....Sunnyside Dr.
Gray, Leon.....171 E. Washington St.
Miller, Ray D.....290 E. Washington St.
Ostheimer, George.....215 E. Washington St.
Pitkin, McKendree C.....440 Washington St.
Reese, Jay S.....Sunnyside Dr., P. O. Box 30
Turner, Maurice A.....10½ N. Main St.
Van Wienen, John.....60 W. Morgan
Willan, Horace R. (S).....109 S. Jefferson St.
Winter, William P.....1390 E. Columbus

Mooresville

(*Zip Code* 46158)

Comer, Kenneth E. R. R. 2, Box 444
Kendrick, William M.....130 Indiana St.
Kourany, Edgar.....320 N. Indiana St.
Kourany, Oscar.....320 N. Indiana St.
Van Bokkelen, Robert W.....320 N. Indiana St.

Wilson, Oliver R.....Box 525, Morgantown (46160)
Miller, Robert J.....Paragon (46166)

NEWTON COUNTY

Schoonveld, Arthur.....Brook (47922)
Parker, John C.....Goodland (47948)
Kresler, Leon E.....101 N. 4th St., Kentland (47951)
Yegerlehner, Roscoe S...103 N. 2nd St., Kentland (47951)
Guzman, Marcelino F.....Morocco (47963)

NOBLE COUNTY

Bowman, Charles M.....Albion (46701)
Greenlee, Joseph A., Jr.....Avilla (46710)
Sneary, Max E.....Avilla (46710)

Kendallville

(*Zip Code* 46755)

Bryan, Robert E.....705 N. State St.
Gutstein, Richard R. (S).....120 Diamond
Hepner, Herman.....705 N. State St.
Lawson, Isaac H. (S).....125½ S. Main St.
Messer, Frank W.....115 E. Rush St.
Slough, Richard R.....115 E. Williams St.
Stallman, Carl F.....409 E. Wayne St.

Ligonier

(*Zip Code* 46767)

Hooker, Donald J.....406 S. Main St.
Stone, Robert C.....401 S. Main St.
Stultz, Quentin F.....401 S. Cavin St.

Slough, O. Thomas
4130 N. Kessler Blvd., Indianapolis (46208)
Fipp, August L.....Rome City (46784)
Pulskamp, Bertrand H.....Wolcottville (46795)

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L.....French Lick (47432)
Keseric, N. E.....French Lick (47432)
Sugarman, Benjamin E.....French Lick (47432)
Hodgin, Phillip T.....Orleans (47452)
Schoolfield, William E.....Orleans (47452)
Clark, Ivan A.....Paoli (47454)
Manship, C. Stanley.....Paoli (47454)
McCalla, Charles X.....Paoli (47454)
Spears, John K.....Paoli (47454)

OWEN-MONROE COUNTIES

(*Zip Code* 47403 *unless otherwise indicated*)

Bloomington

Baxter, Neal E.....306 E. Fifth St.
Bidney, Evelyn B.....321 S. Jordan Ave.
Bomba, Brad J.....1920 E. Third St.
Booze, James H.....400 E. Third St.
Borland, Raymond M.....114 N. Lincoln St.
Buckingham, Richard E.....344 S. College Ave. (47401)
Byrne, Louis.....311 E. Fifth St.
Campbell, William T.....314 E. Seventh St.
Creek, Jean A.....1920 E. Third St.
Dalton, Naomi L.....925 Atwater Ave.
Emery, Charles B., Jr.....400 E. Third St.
Estes, Ambrose C.....121 E. Kirkwood Ave.
Farr, James C.....405 E. Fourth St.
Fowler, R. Ross.....104 N. Grant St.
Geiger, Dillon D.....115 S. Lincoln St.
Hammer, Jay W.....Bloomington Hospital
Hardtke, Eldred F.....2305 E. Third St.
Hepner, Herman S.....312 N. Walnut St.
Hibner, Kermit Q.....117 N. Grant St.
Holland, Deward J. (S).....313 N. College Ave. (47401)
Holland, Philip T.....108 W. Seventh St. (47401)
Holtzman, Paul W.....113 S. Lincoln St.
Houshmand, Cyrus.....422 E. Kirkwood Ave.
Hrisomalos, Frank N.....306 E. Kirkwood Ave.
Kelley, William E.....3901 E. Third St.
Link, William C.....314 W. First St. (47401)
Lundblad, Wilfred M.....1805 E. Tenth St.
Lyons, Robert E.....321 E. Fifth St.
McClary, Charles W.....1920 E. Third St.
McIntire, Clarence R.....Bloomington Hospital (47401)
Manifold, Harold M.....1920 E. Third St.
Marchant, Clarence H.....350 S. College Ave. (47401)
Mather, Glenn B.....Bloomington Hospital (47401)
Middleton, Thomas O...411 W. Howe St. (47401)
Milan, Joseph F.....311 E. Kirkwood Ave.
Owen, Margaret T.....200 S. Washington St.
Owens, Walter L.....309 E. Kirkwood
Pizzo, Anthony.....Bloomington Hospital (47401)
Poolitsan, George C.....407 N. Walnut St.
Ramsey, Hugh S.....619 E. First St.
Ratts, L. D.....1920 E. Third St.
Rieger, I. Taylor.....102 N. Grant St.
Robinson, Robert D.....401 E. Fourth St.
Rogers, Otto F., Jr.....210 N. Washington St.
Rollins, Thomas K.....114 E. Seventh St.
Ross, Ben R.....314 E. Seventh St.
Ross, James B.....314 E. Seventh St.
Ruff, Jerard G.....1111 N. Walnut St.
Schell, H. Richard.....422 E. Kirkwood Ave.
Schilling, Richard J.....311 E. Kirkwood Ave.
Schultheis, Richard L.....916 Mitchell St.
Schuman, Edith B.....Indiana University (47405)
Seagle, William C.....111 E. Ninth St.
Sibbitt, Joseph W.....115 S. Lincoln St.
Smith, Herschel S.....110 S. Lincoln St.
Spencer, Beaufort A.....114 N. Lincoln St.
Stangle, William J.....640 S. Rogers (47401)
Taraba, Ralph W.....211 E. Martha St.
Topolgus, James N.....403 N. Walnut St.
Wass, Robert W.....311 E. Kirkwood
Way, James A.....322 E. Kirkwood Ave.
Wenzler, Paul J.....311 E. Fifth St.
White, John P., Jr.....115 S. Lincoln St.

Stouder, Charles E.....P. O. Box 405, Ellettsville (47429)
Mitchell, George L. (S).....Smithville (47458)

Spencer

(*Zip Code* 47460)

Brown, Marcel S.....53 W. Market St.
Kay, Oran E.....Main and Morgan Sts.
Roof, Roger S.....792 E. Morgan St.
Skrentny, Thomas T.....792 E. Morgan St.

PARKE-VERMILLION COUNTIES

Goodrum, William R.....Cayuga (47928)

Clinton

(*Zip Code* 47842)

Evans, Frederick J.....242 S. Third St.
Gailey, Ivan L.....231 Walnut St.
Herzberg, Milton.....222 Elm St.
Kercheval, John M.....819 S. Third St.
Somerville, John W.....225 Elm St.

Webb, Lawrence C.....Dana (47847)
Britton, Welbon D.....Montezuma (47862)
Minich, William G.....FMC Corp., Newport (47966)

Rockville

(*Zip Code* 47872)

Beebe, Milton O., Jr.....110 York St.
Bloomer, Richard S.....115 N. Market St.
Dowell, Emil H. (S).....Ohio St.
Harstad, Casper.....216 W. High St.
Kempf, Gerald F. (S).....Indiana State Hospital for Chest Diseases
May, William D.....Indiana State Hospital for Chest Diseases
Noblitt, James S. (S).....Rockville
Pirkle, Hubert B.....Indiana State Hospital for Chest Diseases

Fell, Robert M.....Rosedale (47874)
Greene, Frederick G. (S).....Seelyville (47878)
Staff, Robert A...1239 S. Center St., Terre Haute (47802)
Pace, Jerome V.
210 N. Warman Ave., Indianapolis (46222)

White, Chester S. (S).....R. R. 2, Paris, Ill. (61944)
White, Isaac D. (S)
809 W. Broadway, Anaheim, Calif. (92805)

PERRY COUNTY

Bush, Hargis R.....Cannelton (47520)

Tell City
(*Zip Code* 47586)

Dukes, David A.....521 Main St.
Gilbert, Robert G.....Perry Co. Mem. Hosp.
Herr, John W. (S).....622 Main St.
James, Nicholas A. (S).....746 Ninth St.
Lohoff, Lewis C.....507 Main St.
Neifert, Noel L.....507 Main St.
Ress, Gene E.....507 Main St.
Smith, Fred, Jr.....507 Main St.

PIKE COUNTY

Petersburg
(*Zip Code* 47567)

Hall, Donald L.....7th & Poplar Sts.
Higgins, James L.....1104 Vincennes Ave.
Omstead, Milton.....110 S. Sixth St.

DeTar, George B. (S).....Moore Haven, Florida (33471)

PORTER COUNTY

Chesterton
(*Zip Code* 46304)

Forchetti, John A.....114 S. 11th St.
Griffin, Joseph P.....Jackson Blvd.
Hall, Thomas C.....621 Broadway
Harless, Clarence M. (S).....123 W. Indiana
Read, John E.....114 S. 11th St.
Robertson, William C.....600 E. Morgan
Shields, Duncan M.....219 Dogwood Dr.

Shaw, Gordon....509 N. Union St., Gary (46403)
Sun, Chen T.....Hebron (46341)

Portage
(*Zip Code* 46368)

Carlson, Milton R.....14000 Central
Crise, John R.....14000 Central
Kilmer, Warren L.....14000 Central
Lands, Robert M.....14000 Central
Sturdevant, Frank M.....14000 Central
Tetrick, Lain.....National Steel Corporation

Valparaiso
(*Zip Code* 46383)

Armalavage, Leon J.....802 LaPorte Ave.
Brown, James C.....1005 Campbell St.
Covey, Thomas J.....1 Sheffield Dr.
Davis, Carl M.....202 Indiana Ave.
DeGrazia, Eugene J.....810 LaPorte Ave.
Dittmer, Jack E.....60 Jefferson St.
Dittmer, Thomas L.....23 Lincolnway
Evans, Daniel R.....1306 Forest Park Ave.
Frank, John R. (S).....23 Lincolnway
Gold, Marvin E.....1005 Campbell St.
Green, Leonard J.....1005 Campbell St.
Griffin, Charles G.....813 LaPorte Ave.
Kobak, Alfred J., Jr.....802 LaPorte Ave.
Koenig, Robert L.....810 LaPorte Ave.
Lee, Robert Y.....808 Lincolnway
Makovsky, Theodore.....1005 Campbell St.
Miller, Ebbo H. (S).....608 Union St.
Noonan, Leo C.....7 Napoleon St.
O'Neill, Martin J.....810 LaPorte Ave.
Onderak, Edward P.....1802 Old Oak Dr.
Poncher, John R.....17 N. Washington St.
Sacks, Leonard Z.....Porter Memorial Hospital
Scheimann, Lois.....702 Lincolnway
Stoltz, Robert M.....810 LaPorte Ave.
Vietzke, Paul C. F.....1005 Campbell St.
Wu, Stewart.....808 Lincolnway

Gordon, Joseph L.....Wheeler (46393)

POSEY COUNTY

Montgomery, Samuel B. (S).....Cynthiana (47612)
Ropp, Harold E.....New Harmony (47631)
Woods, Arba L.....Owensville (47565)
Boren, Paul R.....Poseyville (47633)

Mount Vernon
(*Zip Code* 47620)

Challman, William B.....431 Walnut St.
Crist, John R.....105 E. Sixth St.
Hirsch, Herman L.....126 W. Fifth St.
Vogel, L. John.....131 W. Third St.

PULASKI COUNTY

Florcruz, Arturo R.....Francesville (47946)
Eshelman, Henry R.....Monterey (46960)
Llamas, Dominardo F.....North Judson (46366)

Winamac
(*Zip Code* 46996)

Halleck, Harold J.....119 W. Main St.
Hollenberg, Edward L.....210 S. Market St.
Thompson, William R.....111 N. Monticello

PUTNAM COUNTY

Veach, Lester W.....Bainbridge (46105)
Veach, Richard L.....Bainbridge (46105)
Ellett, John, Jr.....Coatesville (46121)

Greencastle
(*Zip Code* 46135)

Advincula, Luis V.....Box 76
Dettloff, Frederick R.....Alamo Bldg.
Fuson, Wenfred J.....314 Rosebud Lane
Johnson, James B.....105 E. Washington St.
Jones, Lawrence R.....250 Hillsdale Ave.
Lett, James C.....239 Hillsdale
Nichols, Anne Sackett.....707 E. Seminary St.
Schauwecker, Cleon M.....239 Hillsdale Ave.
Smith, A. Wilson.....DePauw University
Steele, Dick J.....Alamo Bldg.
Stephens, James P.....Alamo Bldg.
Thompson, Edward C.....Box 84
Tipton, William R.....110 S. Vine St.
Wiseman, V. Earle.....239 Hillsdale Ave.

RANDOLPH COUNTY

Nixon, Byron.....Farmland (47340)
White, Harvey E.....Farmland (47340)
Jordan, Leo E.....Lynn (47355)
Martin, Charles E. (S).....Lynn (47355)
Shallenberger, Henry R.....Modoc (47358)
Quiambao, Hector S.....Ridgeville (47380)

Union City

(*Zip Code* 47390)

Birum, Patricia J.....334 W. Oak St.
Chambers, Carol R.....Chambers Medical Clinic
Chambers, Leroy B.....Chambers Medical Clinic
Landon, David J.....R. R. 2
McClure, Morris E.....334 W. Oak St.
Phipps, Leland K.....227 W. Oak St.
Reid, Robert W. (S).....726 W. Division St.
Wagoner, B. D.....Columbia and Lennox St.

Winchester

(*Zip Code* 47394)

Dininger, William S. (S).....303 S. Main St.
Koch, Howard W.....208 E. Washington St.
Painter, Lowell W.....124 E. Franklin St.
Slick, Crystal R.....457 Elm St.
Sparks, Paul W.....214 S. Main St.

RIPLEY COUNTY

Freeland, Bill E.....12 E. Boehringer, Batesville (47006)
Hisrich, Lloyd W...222 Maplewood Ave., Batesville (47006)
Paras, Jose L.....Batesville (47006)
Warn, William J.....Milan (47301)
Row, George S.....Osgood (47037)
Smith, R. Lee.....Osgood (47037)
McConnell, William C.....Sunman (47041)
Hopkins, L. H.....Versailles (47042)
Parker, John B. Versailles (47042)

RUSH COUNTY

McNabb, George B. (S).....Carthage (46115)
McNabb, Richard C.....Carthage (46115)
Smith, Stephen D.....Knightstown (46148)
Sheets, Charles E.....Manilla (46150)
Worth, C. Willard.....Milroy (46156)

Rushville

(*Zip Code* 46173)

Atkins, Clarence C.....225 N. Morgan St.
Corpe, Kenneth F.....R. R. #4
Dean, Donald I.....Fourth & Main
Ellis, Davis W., Jr.....E. 11th St.
Green, Frank H., Jr.....134 E. Second St.
Lee, John M. (S).....914 N. Morgan St.
McKee, Harry G.....208 W. First St.
Norris, Marvin G.....134 E. Second St.
Nutter, Wyndham H.....1003 N. Morgan
Schneider, Marvin C.....600 E. 11th St.

ST. JOSEPH COUNTY

Hartsough, Ralph I.....Lakeville (46536)

Mishawaka

(*Zip Code* 46544)

Barone, Carmelo V.....307 W. Fourth St.
Christophel, Verna A.....109 W. Third St.
Ganser, Richard A.....111 S. Race St.
Gerig, Eldon L.....303 S. Main St.
Lester, Vern L.....303 S. Main St.
Macri, Paul A.....116½ W. Third St.
Mahank, Camiel C.....303 S. Main St.
Orr, W. Robert.....303 S. Main St.
Reed, Robert F.....1316 Lincoln Way E.
Rosenwasser, Jacob.....225 Lincoln Way E.
Schaphorst, Richard A.....113 S. Church St.
Schlossberg, Victor E., Jr.....301 W. Fourth St.
Spalding, Wendell L.....427 Lincoln Way E.
Stringer, Drennon D.....303 S. Main St.
Templeton, Ames R.....522 Calhoun St.
Walters, Charles E.....319 S. Spring St.
Whitlock, Merle E.....303 S. Main St.
Wilson, Douglas J.....303 S. Main St.
Wurster, Herbert C.....221 E. Third St.
Zimmer, Henry J.....119½ Lincoln Way W.

Luzadder, John E.
105 W. Michigan St., New Carlisle (46552)
Calvin, O. Walter.....P.O. Box 38, North Liberty (46554)
Warrick, Homer L....106 Lincolnway W., Osceola (46561)

South Bend

(*Zip Code 466 plus zone number.*)

A

Acker, Robert B. (S).....418 Sherland Bldg. (1)
Arisman, Ralph K.....125 W. Marion St. (1)

B

Backs, Alton J.....1401 Lincoln Way W. (28)
Baran, Charles.....402 Sherland Bldg. (1)
Bartsch, Harvey L.
919 E. Jefferson Blvd., #102 (17)
Beach, Norman F.....919 E. Jefferson Blvd., #107 (17)
Bechtold, S. E...919 E. Jefferson Blvd., #302 (17)
Bell, Horace D.....420 N. Hill St. (17)
Bell, Robert L.....531 N. Main St. (1)
Bennett, Jene R.....531 N. Main St. (1)
Berke, Robert D.....1118 Lincoln Way E. (18)
Biasini, Benedict A.....403 Dixie Way, N. (37)
Bickel, David A. (S)..515 Odd Fellows Bldg. (1)
Birmingham, Peter J. (S).426 Sherland Bldg. (1)
Bixler, Louis C. 919 E. Jefferson Blvd., #207 (17)
Bodnar, Leslie M.....525 N. Michigan (1)
Bogan, William C.....1512 Hass (35)
Booth, Franklin M.....430 Sherland Bldg. (1)
Borough, Lester D.....710 J. M. S. Bldg. (1)
Brechtl, Harvey J.
919 E. Jefferson Blvd., #104 (17)
Buchanan, Wallace D.
919 E. Jefferson Blvd., #107 (17)
Buechner, Frederick W.
116 N. Main St., #261 (1)
Buslee, Roger M.....531 N. Main St. (1)
Bussard, Clifford F. (S)
202 Whitcomb-Keller Bldg. (1)
Bussard, Frank W.
722 E. Colfax Ave. (17)
Butts, Milton A.....118 N. Walnut St. (28)

C

Calvin, Helen M.....103 S. Eddy St. (17)
Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17)
Cassady, James V.....815 Sherland Bldg. (1)
Cassady, John R.....815 Sherland Bldg. (1)
Chamblee, Roland W.
336 N. Notre Dame Ave. (17)
Clark, William H.....520 Sherland Bldg. (1)
Colip, George D.....514 Sherland Bldg. (1)
Colosey, Frederick J...3121 Mishawaka Ave. (15)
Cook, Gordon C.....719 N. Main St. (1)
Cooper, Harry L. (S)....410 Sherland Bldg. (1)
Cox, Alfred C.....51916 U. S. 31 N. (37)
Culbertson, Carl S.....531 N. Main St. (1)
Custer, Edward W.....Healthwin Hosp. (37)

D

Davis, Edward A.....3014 Ardmore Trail (28)
Denham, Robert H..... 919 E. Jefferson Blvd., #204 (17)
Devetski, Robert L.....514 Sherland Bldg. (1)
DeVoe, Kenneth Roy....418 N. Michigan St. (1)
Dietl, Ernest L.....820 Sherland Bldg. (1)
Dingley, Albert F.
919 E. Jefferson Blvd., #204 (17)
Dodd, Robert D.....2311 N. Miami St. (14)
Dolezal, Bernard J.....115 S. Eddy St. (17)
Donnelly, Everett F.....527 N. Michigan St. (1)
Dunlap, D. Logan.....523 J.M.S. Bldg. (1)

E

Eades, R. Charles....914 E. Jefferson Blvd. (17)
Egan, Sherman L.....523 J.M.S. Bldg. (1)
Eisenstein, Paul R.....531 N. Main St. (01)
Engel, Howard R.
919 E. Jefferson Blvd., #403 (17)
English, John Paul....120 N. Lafayette Blvd. (1)
Ericksen, Lester G.
919 E. Jefferson Blvd. #407 (17)
Erickson, Gustaf W...120 N. Lafayette Blvd. (1)

F

Feferman, Martin E.
919 E. Jefferson Blvd., #305 (17)
Feldman, Max.....1921 Miami St. (13)
Filipek, Walter J.....311 Odd Fellows Bldg. (1)
Firestein, Ben Z. 919 E. Jefferson Blvd., #307 (17)
Firestein, Ray.....416 Sherland Bldg. (1)
Fish, Edson C.....414 Sherland Bldg. (1)
Fisher, Lawrence F. (S)..59472 S. Main St. (14)
Foley, Hansel O.....704 N. Main St. (1)
Forrest, O. Norman, Jr.....719 N. Main St. (1)
Frank, Herbert.919 E. Jefferson Blvd., #202 (17)
Frank, Lyall L., Jr.....224 W. Navarre St. (1)
Frank, Lyall L.....224 W. Navarre St. (1)
Frash, DeVon W., Jr.....1910 Miami St. (13)
Frey, William B.....316 N. Ironwood Dr. (15)
Friedman, Morris S.
919 E. Jefferson Blvd., #402 (17)
Frith, Louis G.....521 W. Washington Ave. (1)

G

Gaffney, Raymond.....535 W. Colfax Ave. (1)
Ganser, Ralph V.....302 Sherland Bldg. (1)
Gates, George E.....122 N. Lafayette Blvd. (1)
Gilman, Marcus M.....401 Odd Fellows Bldg. (1)
Godersky, George E.
919 E. Jefferson Blvd., #106 (17)
Graf, John Paul.....414 Sherland Bldg. (1)
Green, G. Richard.....822 Sherland Bldg. (1)
Green, George F.....822 Sherland Bldg. (1)
Green, Norval E.....704 N. Main St. (1)
Grillo, Donald.....226 Sherland Bldg. (1)
Grorud, Alton C.....120 N. Lafayette Blvd. (1)
Grove, James H. 919 E. Jefferson Blvd., #107 (17)

H

Haley, George M.....424 Sherland Bldg. (1)
Haley, Paul E.....816 Sherland Bldg. (1)
Hall, James M.....914 E. Jefferson Blvd. (17)
Hamilton, Charles O.....527 N. Michigan St. (1)
Hanley, Harriet Faith
919 E. Jefferson Blvd., #101 (17)
Harris, C. Glenn.....527 W. Colfax Ave. (1)
Haugseth, Ellsworth K.
122 N. Lafayette Blvd. (1)
Hawkins, Glen E.....527 N. Michigan St. (1)
Helmer, John F.....826 Sherland Bldg. (1)
Hilbert, John W. (S)
410 W. Washington Ave. (1)
Hildebrand, John O., Jr..1307 E. Ewing Ave. (13)
Hill, Theodore A.....107 N. Eddy St. (17)
Hill, Wallace C.
919 E. Jefferson Blvd., #306 (17)
Holdeman, Lillian S.....228 S. St. Joseph St. (1)
Holdeman, Richard W..404 N. Lafayette Blvd. (1)
Houser, D. Stanley.....2314 Miami (14)
How, Louis E.....1419 S. Michigan St. (13)
Hyde, Carroll C. (S)..120 N. Lafayette Blvd. (1)

J-K

Jankowski, Ernest B...411 S. Sheridan Ave. (19)
Johns, Nicholas C.....116 E. Jefferson (1)
Kamm, Bernard A.....526 Sherland Bldg. (1)
Karn, John W.....414 Sherland Bldg. (1)
Kieffer, William J.....919 E. Jefferson Blvd. (17)
Knapp, Arthur L. (S).2215 Mishawaka Ave. (15)
Knode, Kenneth T. (S)....729 Sherland Bldg. (1)
Krueger, John E.....326 Sherland Bldg. (1)
Kuhn, Frederick L.....1215 S. Michigan St. (18)

L

Lamb, J. Leonard.....825 Sherland Bldg. (1)
Lane, William H.....418 N. Michigan St. (1)
Levatin, Bernard I.
919 E. Jefferson Blvd., #303 (17)
Levkoff, Abner H.....919 E. Jefferson Blvd., #101-03 (17)
Lionberger, John R.
919 E. Jefferson Blvd., #207 (17)
Liss, Emanuel C.....119 S. Eddy St. (17)
Lockhart, Philip B.
919 E. Jefferson Blvd., #107 (17)

M

MacDonell, Eldred H...122 N. Lafayette Blvd. (1)
MacLeod, John K.....919 E. Jefferson Blvd. (17)
McCraley, William J.....218 S. Francis (37)
McFarland, Corley B...122 N. Lafayette Blvd. (1)
McMeel, James.....1138 Whitehall Dr. (15)
Marquis, Gordon.....120 N. Lafayette Blvd. (1)
Martinov, William E.
919 E. Jefferson Blvd., #301 (17)
Mason, Bernard A.....120 N. Lafayette Blvd. (1)
Mauzy, Merritt C.....919 E. Jefferson Blvd. (17)
Metcalfe, Grant E.
919 E. Jefferson Blvd., #308 (17)
Miller, Milo K. (S)..122 N. Lafayette Blvd. (1)
Mott, Cassell A. (S)
1301½ W. Washington St. (1)
Mueller, Hilbert M....120 N. Lafayette Blvd. (1)
Murphy, Eugene C....122 N. Lafayette Blvd. (1)
Murphy, Josephine F.....111 W. Bartlett St. (1)
Myers, Philip R.....1002 Lincoln Way W. (16)

N-O

Neher, John L.....17615 State Rd. #23 (35)
Nelson, F. Dale.....704 N. Main St. (1)
Nelson, Raymond E.....206 E. Bartlett St. (1)
Nichols, Harold G.....527 W. Colfax Ave. (1)
Olson, Donald T. 919 E. Jefferson Blvd., #309 (17)
Olson, Kenneth L.....919 E. Jefferson Blvd., #207 (17)
Oren, William F.....919 E. Jefferson Blvd., #301 (17)

P

Pairitz, Frank D.....60649 U. S. 31 S. (14)
Parsons, Robert.....919 E. Jefferson Blvd. (17)
Pascuzzi, Chris A.....531 N. Main St. (1)
Pauszek, Thomas B...704 W. Washington St. (1)
Petrass, Andrew (S).....516 Sherland Bldg. (1)
Phelps, Stephen R.....818 Sherland Bldg. (1)
Plain, George.....122 N. Lafayette Blvd. (1)
Plain, George L.....122 N. Lafayette Blvd. (1)
Proudfit, Charles H.
919 E. Jefferson Blvd., #304 (17)
Pyle, Harold D.....119 S. Eddy St. (17)

R

Rasmussen, Ruth F...122 N. Lafayette Blvd. (1)
Rigaux, Armand J.....316 N. Ironwood Dr. (15)
Rigley, Edward L.....408 Sherland Bldg. (1)
Roberts, Billy J.....3123 Mishawaka Ave. (15)
Rosenheimer, George M...418 N. Michigan St. (1)
Rubens, Eli.....2314 Miami (14)
Rudolph, Carl J.....110 W. Bartlett St. (1)

S

Sanderson, Robert B.....730 Sherland Bldg. (1)
Sandock, Louis F.....503 Sherland Bldg. (1)
Sandoz, Harry H.....612 Odd Fellows Bldg. (1)
Schiller, Herbert A.
919 E. Jefferson Blvd., #205 (17)
Scott, Frank M.....122 N. Lafayette Blvd. (1)
Sellers, Francis M.....814 Oak Ridge Dr. (17)
Sharp, Merle C.....717 N. Main St. (1)
Shelley, Edward S.....207 S. Taylor St. (25)
Shriber, William H...122 N. Lafayette Blvd. (1)
Shriner, Richard Lee
919 E. Jefferson Blvd., #308 (17)
Sisson, Norvel D.....531 N. Main St. (1)
Skillern, Scott D.....422 Sherland Bldg. (1)
Slominski, Harry H. (S)
708 Odd Fellows Bldg.(1)
Sobol, Zbigniew W.....525 N. Michigan St. (1)
Spenner, Raymond W.....726 Sherland Bldg. (1)
Speybroeck, Robert.....119 S. Eddy St. (17)
Staunton, Henry A.....3016 Mishawaka Ave. (15)
Stiver, Daniel D.....822 Sherland Bldg. (1)
Stogdill, William J.....318 Sherland Bldg. (1)
Stratigos, Joseph S.....527 N. Lafayette Blvd. (1)
Sweeney, Robert M.....122 N. Lafayette Blvd. (1)

T

Thompson, John M.....305 Sherland Bldg. (1)
Thompson, Robert A.
913 S. Twyckenham Dr. (15)
Thornton, Maurice J.
919 E. Jefferson Blvd., #107 (17)
Tirman, Wallace S.
919 E. Jefferson Blvd., #207 (17)
Traver, Perry C. (S)....1010 Riverside Dr. (16)
Troyer, Marlin L.....525 N. Michigan St. (1)

V-W-X-Y-Z

Vagner, S. Bernard..2201 Lincoln Way W. (28)
VanFleit, William E.
919 E. Jefferson Blvd., #407 (17)
Vurpillat, Francis J...132 N. Lafayette Blvd. (1)
Wack, James E.....530 W. Indiana Ave. (13)
Walker, Edwin M., Jr.....414 Sherland Bldg. (1)
Ward, James W.....325 Wakewa (17)
Weiss, Eugene.....919 E. Jefferson Blvd. (17)
White, Donald G.....1815 Ireland Rd. (14)
Wilhelm, Agatha M..1032 E. Wayne at Eddy (17)
Wilson, James M.....919 E. Jefferson Blvd. (17)
Wind, Joseph L.....919 E. Jefferson Blvd. (17)
Wixted, John F...919 E. Jefferson Blvd., #1 (17)
Wixted, Julia L...919 E. Jefferson Blvd., #1 (17)
Zeiger, Irvin L.....3123 Mishawaka Ave. (15)

Tschetter, David.....Notre Dame Infirmary, Notre Dame (46556)
Hillman, Marion W....Box 473, Westville (46391)
Cline, Kenneth L.....Box 57, Wyatt (46595)

Bassler, Carl R. (S).....R. R. # 4, Niles, Mich. (49120)
Edwards, Bernard E...1102 Harmon, Tacoma, Wash. (98406)
Fish, Clyde M. (S)
R. R. # 2, Edwardsburg, Mich. (49112)
Helmen, Harry W. (S).....345 Club Dr. San Antonio, Texas (78201)
Holtzman, Norman N.....1124 S. Maple, Oak Park, Ill. (60304)
Martin, Charles F., Jr...1200 Highway 100, N.E., Apt. 11, Minneapolis, Minn. (55421)
Walerko, Frank M.....1999 Sharondale Ave., St. Paul, Minn. (55113)

SCOTT COUNTY

Bogardus, Carl R.....61 Main St., Austin (47102)

Scottsburg

(*Zip Code* 47170)

Castro, Ignacio B., Jr.....685 Wanda St.
McClain, Marvin L.....935 First St.
Neathamer, Thomas A...N. Gardner & White Sts.
Sabens, James A.....69 Wardell St.

SHELBY COUNTY

Nigh, Rufus M.....Fairland (46126)
Davis, John A.....Flat Rock (47234)

Shelbyville

(*Zip Code* 46176)

Arata, Lucian A..... 327 W. Broadway
Dalton, Wilson L.....117 W. Washington St.
Green, William L.....103 W. Washington St.
Inlow, Herbert H.....103 W. Washington St.
Inlow, Paul M.....103 W. Washington St.
Inlow, Robert P.....103 W. Washington St.
Inlow, William D. (S)....103 W. Washington St.
Miller, Richard C.....17 W. Mechanic St.
Moheban, Joseph.....120 W. Jackson St.
Paz, Luis.....526 E. McKay Rd.
Richard, Norman F.....103 W. Washington St.
Scott, V. Brown.....103 W. Washington St.
Silbert, David B.....17 S. Tompkins
Spindler, Robert D.....165 W. Mechanic St.
Tindall, William R.....505 S. Harrison St.
Tower, James H., Jr.....124 W. Franklin St.
Whitcomb, Roger F.....120 W. Jackson St.

SPENCER COUNTY

Medcalf, Norman L. (S).....Lamar (47550)
Jolly, Wesley P. (S).....Richland (47634)
Glackman, John C., Jr.
6th and Main Sts., Rockport (47635)
Monar, Michael.....6th and Main Sts., Rockport (47635)

STARKE COUNTY

Leinbach, Earl R.....Hamlet (46532)

Knox

(*Zip Code* 46534)

DeNaut, James F.....4 N. Heaton St.
Henry, Howard J.....107 S. Main St.
Ingwell, Guy B.....201 S. Heaton St.
McClure, Clark.....107 S. Main St.
Palmer, W. Allen.....107 S. Main St.

STEUBEN COUNTY

Angola

(*Zip Code* 46703)

Artz, Richard W.....416 E. Maumee
Barton, Robert.....416 E. Maumee
Cameron, Don F.....416 E. Maumee
Cameron Mary H.....416 E. Maumee
Crum, Marion M.....301 E. Maumee
Davis, Claude E.....909 W. Maumee
Hartman, John J.....909 W. Maumee
Kissinger, Knight L.....411 E. Gilmore
Mason, Donald G.....416 E. Maumee
Rausch, Norman W.....416 E. Maumee
Yocum, Paul S., Sr.....R. R. 2, Lake James

McCormack, Lloyd L.....Fremont (46737)
Schrepferman, Wayne.....Hamilton (46742)

SULLIVAN COUNTY

Brown, John S.....Carlisle (47838)
Dukes, Betty.....Dugger (47848)
Dukes, Frederic M. (S).....Dugger (47848)
Dukes, Joe E.....Dugger (47848)
Bethea, Robert O.....Farmersburg (47850)
Hernandez, Antonio.....Shelburn (47879)

Sullivan

(*Zip Code* 47882)

Bedwell, Marion H.....16 N. Court St.
Crowder, James H.....112 N. Section St.
Eskew, Kenneth W.....117 W. Washington St.
McClure, Glen.....342 S. Main St.
Maple, James B. (S).....117 W. Washington St.
Scott, Irvin H.....117 W. Washington St.

Daugherty, William L.....Hutsonville, Ill. (62433)
Taylor, John R.....105 N. Main, Palestine, Ill. (62451)

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Bahler, Dean R.....Brookston (47923)
Derhammer George L.....Brookston (47923)
Gish, Howard M.....Brookston (47923)
Dublin, Madeline P.....Francesville (47946)

Lafayette

(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H.....2211 South St.
Ade, Mary Keller.....2211 South St.
Arvin, Delano Z.....2600 Greenbush
Balkema, Catherine M.....3 N. 18th St.
Bayley, William E.....2400 South St.
Beuerman, V. A. 2600 Greenbush St.
Bolin, Robert C.....2600 Greenbush St.
Bridge, Barton C.....Jefferson Square
Buhrmester, Harry C.....2600 Greenbush St.
Burns, John T.....5 N. 25th St.
Bush, Jack A.....405 Life Bldg.
Calvert, Raymond R.....314 N. Sixth St. (47901)
Canganelli, Vincent G.....2433 S. Ninth St. (47905)
Caretti, John W.....2600 Greenbush
Carpenter, James B.....15 N. 25th St.
Cartwright, Glen W.....2600 Greenbush St.
Cole, Ira.....2315 South St.
Coyner, Alfred B. (S).....509 Life Bldg.
Davis, Grayson B.....15 N. 25th St.
Davis, Howard B.....2600 Greenbush St.
Deur, Julius J.....1011 Columbia (47901)
Donahue, George R.....718 Life Bldg.
DuBois, Ramon B.....23 N. 25th St.
Eaton, Marion J.....214 Life Bldg.
Elliott, Paul W.....St. Elizabeth Hospital
Engeler, James E.....2600 Greenbush St.
Ferguson, William B.....2525 South St.
Fields, Don C.....2600 Greenbush St.
Flack, Russell A.....1005 Life Bldg.
Fox, Richard F.....2600 Greenbush St.
Frasch, Mahlon G.....300 Life Bldg.
Frey, Harley H., Jr.....405 Life Bldg.
Fritch, John M.....1016 Life Bldg.
Gery, Richard E.....2600 Greenbush St.
Gripe, Richard P.....2600 Greenbush St.
Haas, Charles F.....2211 South St.
Hannemann, Robert E.....2600 Greenbush St.
Harter, Eli B.....2600 Greenbush St.
Harvey, Bennett B.....35 N. 25th St.
Heid, George J., Jr.....35 N. 25th St.
Herrold, George W.....2 N. 26th St.
Holladay, Lloyd J.....411 Life Bldg.
Horswell, Richard R.....2600 Greenbush St.
Hughes, Anson F.....2424 Ferry St.
Hughes, Richard R.....31 N. 25th St.
Hull, James E.....2211 South St.
Hunsberger, Walter G.....2600 Greenbush St.
Hunter, Frank P. (S).....617 Life Bldg.
Johnson, Herbert S.....2600 Greenbush St.
Jones, David M.....24 N. 24th St.
Karberg, Richard J.....2420 Ferry St.
Klatch, Ben Z.....2211 South St.
Klepinger, Harry E.....724 Life Bldg.
Kochell, Richard L.....2600 Greenbush St.
Kohne, Robert W.....3010 Underwood
Kuipers, Fred M.....2600 Greenbush St.
Landis, Charles B.....2211 South St.
Loop, Frederick A.....914 Life Bldg.
McAdams, Hugh B.....2011 Kossuth St. (47905)
McAdams, Robert.....2011 Kossuth St. (47905)
McFadden, James M.....35 N. 25th St.
McKinley, Joseph.....312 Life Bldg.
McKinney, Daniel H.....301 Life Bldg.
McPherson, Richard C.....2600 Greenbush St.
Marsh, George W.....1216 Howell
Marvel, Howard R.....2600 Greenbush St.
Mather, Charles R.....2600 Greenbush St.
Mather, Robert L.....609 Life Bldg.
Miller, Albert J.....35 N. 25th St.
Miller, Roland E.....2200 Scott St.
Miller, William J.....2600 Greenbush St.
Mount, William M.....20 N. 24th St.
Neumann, Kenneth O...300 Main St., Room 618-20
Onorato, Joseph J.....2433 S. Ninth St. (47905)
Peyton, Frank W.....2424 Ferry St.
Pickerill, James M.....301 Life Bldg.
Ramsey, George F.....2600 Greenbush
Ratcliff, Frank W.....405 Life Bldg.
Ricchetti Warren F.....St. Elizabeth Hospital
Riggs, Wendell A.....2600 Greenbush St.
Rothrock, Philip W.....2200 Scott St.
Ruschli, Edward B. (S).....510 Life Bldg.
Rutherford, Charles E.....2315 South St.
Scheeres, Jacob W.....2302 Kossuth (47905)
Shively, John L.....2525 South St.
Sholty, William M.....405 Life Bldg.
Smith, Lowell C.....637 Ferry St. (47901)
Stahl, Edward T.....2600 Greenbush St.
Steele, Hugh H.....2600 Greenbush St.
Strayer, Joseph W.....612 Life Bldg.
Stuntz, Edgar C.....Wabash Valley Hospital
Trout, Carl J.....314 N. Sixth St. (47901)
Tubbs, George R. (S).2502 Iroquois Trail (47905)
Underwood, George M.....Jefferson Square
Van Buskirk, Edmund L.....2600 Greenbush St.
Van Den Bosch, Wallace R.....2216 South St.
Vermilya, Robert W.....405 Life Bldg.
Wagner, Anabel.....405 Life Bldg.
Wagner, Lindley.....Jefferson Square
Waits, Chester L.....15 N. 25th St.
Webster, Paul L.....2600 Greenbush St.
Weller, Wendell A.....2600 Greenbush St.

Wong, Norman F.....Linden (47955)
Peterson, Joel A. (S).....R. R. 5, Monticello (47960)
Babb, Forrest J.....Stockwell (47983)

West Lafayette

(*Zip Code* 47906)

Ash, Harold H.....712 Bexley Rd.
Baker, John R.....2321 Carmel Dr.
Carpenter, Robert S.....207 North St.
Carroll, Bertha Rose.....1125 Glenway
Crockett, Franklin S. (H).....424 Littleton St.
Evans, David L.....2900 N. River Rd.
Fitzgerald, Brice E.....Purdue Health Center
Harden, Murray E.....168 Creighton Rd.
Hass, Caroline E.....402 Northwestern Ave.
Hass, Thomas W.....402 Northwestern Ave.
Heasty, Alfred R.....303 Russell St.
Hunter, Dean M.....402 Northwestern Ave.
Keplinger, James E.....402 Northwestern Ave.
Martin, Joe M.....2900 N. River Rd.
Roggenkamp, Milton W.....144 Arrowhead Dr.
Roller, Mac C.....400 N. River Rd.
Rommel, Clarence H.....456 Northwestern
Russell, Henry T.....746 Northridge
Schmiedicke, Paul H.....Purdue University
Spurlock, Fae H.....Purdue Health Center
Van Kirk, John R.....2496 Sycamore Lane
Wilms, John H.....Purdue University

TIPTON COUNTY

Haller, Robert L.....Kempton (46049)
Stouder, Albert E.....Kempton (46049)

Tipton

(*Zip Code* 46072)

Burkhardt, Boyd A.....202 S. West St.
Carter, Jean V.....130 N. Main St.
Compton, George L.....219 N. Independence
Gossard, Meredith B.....308 N. Independence
Kincaid, Raymond K.....202 S. West St.
Kurtz, William A.....202 S. West St.

Ericson, Harold L.....Windfall (46076)
Moser, Elmer B. (S).....Windfall (46076)
Tranter, William F.....2337 Flora Ave., Ft. Myers, Fla. (33901)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

(*Zip Code 477 plus zone number.*)

Evansville

A

Acre, Robert R. (S).....3700 Bellemeade (15)
Adler, Raymond N.....714 Second Ave. (10)
Adye, Wallace M., Jr...1307 N. Stringtown Rd. (11)
Alexander, John E.....1127 Lincoln Ave. (14)
Anderson, Milton H...Evansville State Hosp. (2)
Antes, Earl H.....420 Cherry St. (13)
Arendell, Robert E.....1666 S. Lodge Ave.(14)
Austin, Eugene W.....3700 Bellemeade (15)

B

Baker, Herman M. (S).....715 First Ave. (10)
Baker, Mason R.....1008 S. Evans Ave. (13)
Baker, Sam B.....Deaconess Hospital (10)
Barnhart, Willard T.....701 Chestnut St. (13)
Beck, Robert E.....600 Mary St. (10)
Begley, Joseph W., Jr. 314 S. E. Riverside Dr. (13)
Beisel, Larry H.....420 Cherry St. (13)
Bender, Martin J.....912 Hulman Bldg. (8)
Bennett, Abner P.....412 S. E. Fourth St. (13)
Bissonnette, Roger P.....420 Cherry St. (13)
Bloss, Bryant A.....715 First Ave. (10)
Boone, Robert D.....420 Cherry St. (13)
Boswell, Robert W. C.....2351 Division St. (14)
Boyle, Carroll L.....715 First Ave. (10)
Brakel, Frank J., Jr.....420 Cherry St. (13)
Britt, Robert L.....420 Cherry St. (13)
Brooks, Edwin A.....5620 Kratzville Rd. (10)
Bryan, Stanton L.....607 Hulman Bldg. (8)
Buddrus, David J.....Mead Johnson & Co., 2404 Pennsylvania St. (21)
Buehner, Donald F.....3700 Bellemeade (15)
Burger, Thomas C.....3700 Bellemeade (15)
Burnikel, Ray H.....517 Sycamore St. (8)

C

Carlson, Ralph F.....517 Sycamore St. (8)
Cates, Jeryl R.....3700 Bellemeade Ave. (15)
Clark, Thomas W.....420 Cherry St. (13)
Clouse, Paul A.....613 S. Weinbach Ave. (14)
Cockrum, William M.....908 Hulman Bldg. (8)
Coleman, Joseph E.....3700 Bellemeade (15)
Combs, Herman T.....807 W. Indiana (10)
Combs, John H.....412 S. E. Fourth St. (13)
Cooper, Waller W.....Deaconess Hospital (10)
Corcoran, Patrick J. V.....3700 Bellemeade (15)
Crawford, James H.....221 Chestnut St. (13)
Crevello, Albert J.....3700 Bellemeade (15)
Crimm, Paul D.....Boehne Hospital (12)
Crudden, Charles H...Clearview Sanitarium (10)
Cullnane, Chris W.....2312 W. Franklin St. (12)

D

Daves, W. Lawrence.....715 First Ave. (10)
Davidson, Harold H.....420 Cherry St. (13)
Davis, Kenneth D.....420 Cherry St. (13)
Davis, Max D.....Mead Johnson & Co., 2404 Pennsylvania St. (21)
Denzer, Edward K.....108 S. E. Third St. (8)
Denzer, William O.....923 Bellemeade (13)
Dieckman, Herbert S.....3700 Bellemeade (15)
Dodd, Roberts K.....2042 Lincoln Ave. (14)
Downer, Luther H.....521 Oak Street (13)
Drake, Dale W.....St. Mary's Hospital (10)
Durkee, Melvin S.....3700 Bellemeade (15)
Dycus, Walter A.....319 N. St. Joseph Ave. (12)
Dyer, Wallace K.....3700 Bellemeade (15)

E

Ebin, Judah L.....101 S. E. Third St. (8)
Eisterhold, John A...5300 New Harmony Rd. (12)
Engel, Edgar L.....126 S. E. Seventh St. (8)
Ewer, Robert W.....420 Cherry St. (13)

F

Faith, Ira L.....805 Old Nat'l. Bank Bldg. (8)
Faul, Henry J.....815 Hulman Bldg. (8)
Faw, Melvin L.....420 Cherry St. (13)
Fenneman, Robert J.....402 S. E. Seventh St. (13)
Fickas, Dallas.....807 S.E. First St. (13)
Fisher, William C.....715 First Ave. (10)

G

Garland, Edgar A.....606 S. Weinbach (14)
Garst, Garland R.....3700 Bellemeade (15)
Gaul, L. Edward.....509 Hulman Bldg. (8)
Geller, Samuel.....R. R. 8, Box 143A (11)
Getty, William H.....420 Cherry St. (13)
Giorgio, Douglas J.....916 S. Burkhardt Rd. (15)
Goldbeck, Larry O.....104 Buckingham Dr. (15)
Gourieux, E. De Verre.....3700 Bellemeade (15)
Greenberg, Louis T...2301 W. Michigan St. (12)
Griep, Arthur H.....5414 Madison Ave. (15)
Grimm, William C. H., Jr.....420 Cherry St. (13)
Guckien, Joseph L.....715 First Ave. (10)

H

Hammond, R. Case.....701 Chestnut St. (13)
Hare, Daniel M.....7800 Taylor (15)
Harlan, William L.....3700 Bellemeade (15)
Harned, Ben K., Jr.....420 Cherry St. (13)
Harris, Robert L.....2014 E. Morgan (11)
Hart, L. Paul.....3700 Bellemeade (15)
Hartley, Clarence A., Jr...221 Chestnut St. (13)
Hartz, F. Minton.....123 S. E. Second St. (8)
Hassel, Walter B.....3712 Herndon Dr. (11)
Heard, Albert.....322 E. Cherry St. (13)
Heinrich, Weston A...314 S. E. Riverside Dr. (13)
Hendershot, Eugene L...412 S. E. Fourth St. (13)
Hermayer, Stephen....220 S. E. Seventh St. (13)
Herrmann, Gordon T.....3700 Bellemeade (15)
Herzer, Clarence C.....322 N. Fulton (10)
Himebaugh, Gilbert J.....115 N. Weinbach (11)
Hobbs, Arthur A.....600 Mary St. (10)
Hobgood, James L., Jr...7527 Taylor Circle (15)
Hoopes, Jane M.....3700 Bellemeade (15)
Hoover, J. Guy.....517 Sycamore St. (8)
Hovda, Richard B.....St. Mary's Hospital (15)
Huggins, Victor S.....715 First Ave. (10)

J

Johnson, Victor.....2301 W. Michigan St. (12)
Johnson, Stephen L.....521 Sycamore St. (8)

K

Kauffman, Harley M. (S)....219 Walnut St. (8)
Kelly, John B.....420 Cherry St. (13)
Kessler, Robert B.....1338 Division St. (14)
Kiechle, Frederick L.....726 S. E. First St. (13)
Kimmel, George E.....429 S. St. James Blvd. (14)
Kincaid, Robert S.....1000 N. Spring St. (11)
Kleindorfer, Roscoe L...819 W. Franklin St. (10)

L

Langsam, Charles L.....3112 E. Division St. (14)
Laubscher, Clarence.....1201 Laubscher Rd. (10)
Lawler, John F.....420 Cherry St. (13)
Lawrence, Joseph C.....715 First Ave. (10)
Leibundguth, Henry.....3700 Bellemeade (15)
Leich, Charles F.....124 S. E. First St. (8)
Lessure, Alfred P.....420 Cherry St. (13)
Lewis, Earl T.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Longstaff, John P.....200 Cherry St. (13)
Lynch, Harold D.....3401 Koring Rd. (12)

M

MacKenzie, Pierce.....126 S. E. Seventh St. (8)
McCool, Joseph H.....1 Woodmere Lane (11)
McDonald, Joseph D.....517 Sycamore St. (8)
McPherson, Thomas C.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Marvel, James A.....420 Cherry St. (13)
Mason, Everett E.....118 S. E. First St. (8)
Mathews, James R.....715 First Ave. (10)
Miller, LaVerne B.....1421 N. Main St (11)
Miller, Milton J.....15 W. Franklin St. (10)
Mills, Fred E.....Deaconess Hospital (10)
Mino, Robert A.....723 Mary St. (10)
Mitchell, John B.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Moulton, Lillian G.....1 N. Barker (12)
Muelchi, Adeline F.....518 Hulman Bldg. (8)
Mullican, William S., Jr.....715 First Ave. (10)
Murphy, Edward U.....901 Hulman Bldg. (8)

N

Nenneker, Henry (S)..1912 Harmony Way (12)
Newnum, Raymond L.....3700 Bellemeade (15)
Newsome, Cola K.....415 E. Mulberry (13)
Nicholson, Raymond W.....3700 Bellemeade (15)
Niedermayer, Alfred J. 960 Washington Ave. (13)
Nonte, Leo R.....715 First Ave. (10)

O

Oswald, Robert H.....126 S. E. Seventh St. (8)

P

Pastor, Julius W.....3700 Washington Ave. (15)
Pavlick, Theodore J.....908 Hulman Bldg. (8)
Pemberton, Jack J.....319 N. St. Joseph Ave. (12)
Porro, Francis W.....3700 Washington Ave. (15)
Present, Julian D.....3700 Bellemeade (15)
Price, Shirley G.....420 Cherry St. (13)
Pugh, Willis L.....715 First Ave. (10)

R

Radcliff, Forest F., Jr.....3700 Bellemeade (15)
Ratcliffe, Albert W.....P. O. Box 624
Reich, Clarence E.....1209 N. Fulton (10)
Rietman, H. Jerome
19 Chandler, off Riverside (13)
Ritchie, William D.....555 Herndon Dr. (11)
Ritz, Albert S.....3700 Bellemeade (15)
Rosato, Edward J.....3700 Bellemeade (15)
Rosenblatt, Bernard B.....709 Hulman Bldg. (8)
Royster, George M. (S)
401 Citizens Nat'l. Bank Bldg. (8)
Royster, Robert A.
401 Citizens Nat'l. Bank Bldg. (8)
Rudolph, Kenneth J.....3700 Bellemeade (15)
Rupper, Warren R...R. R. 3, Box 159, Heckel Rd.
Rusche, Henry J.....313 W. Iowa (10)
Russell, Richard H...3700 Washington Ave. (15)

S

Schimmelpfennig, Robert W.
1013 Parrett St. (13)
Schirmer, Robert H.....1118 W. Franklin St. (10)
Schneider, Charles P...2211 W. Franklin St. (12)
Schriefer, Victor V.....1120 N. Main St. (11)
Sheehan, E. Gregg.....420 Cherry St. (13)
Shively, Wyant J.....3700 Washington Ave. (15)
Siegel, Lyle P.....1152 S. Villa Dr. (14)
Sinn, Charles M.....715 First Ave. (10)
Slaughter, Howard C.....908 Hulman Bldg. (8)
Slaughter, John C., Jr.....3700 Bellemeade (15)
Slaughter, Owen L.....3700 Bellemeade (15)
Smith, Gordon L.....19 Chandler Ave. (13)
Smith, Roy M., Jr.....1307 Stringtown Rd. (11)
Snively, William D., Jr.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Sprecher, Herman C.....517 Sycamore St. (8)
Springstun, Walter R.....715 First Ave. (10)
Stallings, Hugh A.....3700 Bellemeade (15)
Steele, Paul W.....1218B Lincoln Ave. (14)
Sterne, John H.....3700 Bellemeade (15)
Stewart, L. Ray.....852 S. Alvord Blvd. (14)
Stork, Urban F. D.....420 Cherry St. (13)
Strueh, Paul E.....220 S. E. Seventh St. (13)

T

Tager, Stephen N.....3700 Bellemeade (15)
Tilden, Margaret H.....1127 Lincoln Ave. (14)
Tisserand, John B., Jr.....3700 Bellemeade (15)
Tuholski, James M.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Turner, Isabel B...Evansville State Hospital (2)
Tweedall, Daniel C.....715 First Ave. (10)

U-V

Venables, Albert J.....600 Mary St. (10)
Viehe, Robert W. (S)....618 S. Willow Rd. (14)
Vincent, William A.....420 Cherry St. (13)
Visher, John W. (S)
805 Old National Bank Bldg. (10)
VonderHaar, Thomas E.....715 First Ave. (10)

W

Walter, Paul A. F., III.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Walter, Robert F.....1514 S. Kentucky Ave. (14)
Warner, Charles L.....420 Cherry St. (13)
Weber, Edgar H.....123 S. E. Second St. (8)
Weiss, Henry G. (S)....1014 E. Powell Ave. (14)
Welborn, Mell B.....420 Cherry St. (13)
Westerman, Richard L.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)

Wilhelmus, C. Kenneth..115 S. E. Seventh St. (8)
Wilhelmus, Gilbert M...1028 Washington Ave. (14)
Willis, Charles F.....1100 S. Bedford Ave. (13)
Willison, George W.....3700 Bellemeade (15)
Wilson, David.....1709 Southeast Blvd. (14)
Wilson, John D.....3700 Bellemeade (15)
Wilson, Ralph.....517 Mary St. (10)
Woodson, Dan E.....414 S. Kelsey Ave. (14)
Woodward, Ben E.....420 Cherry St. (13)
Wynn, Justice F. (S).....905 Hulman Bldg. (8)

X-Y-Z

Young, C. Curtis, Jr.....126 S. E. Seventh St. (8)
Zeier, Francis G.....420 Cherry St. (13)
Zimmerman, Harold.....6 S. E. Second St. (8)
Ziss, Robert C.....216 S. E. Riverside (13)
Zwickel, Ralph E.....906 Hulman Bldg. (8)

Boyd, Stella N.....R. R. 2, Oakland City (47560)
Baylor, Joseph P.
6478 Shirehall Dr., San Diego, Calif. (92111)
Ehrich, William S. (S)....Manning, So. Carolina (29102)
Newman, Alvin E. (S)
2937 Coral Shores Dr., Ft. Lauderdale, Fla. (33306)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen (47863)
McIntosh, Wilbert.....Riley (47871)
Jett, Clyde W.....Seelyville (47878)

Terre Haute

(*Zip Code* 478 *plus zone number*).

A

Allen, William H..415 Merchants Bank Bldg. (01)
Anderson, Walter C.....2235 Wabash Ave. (07)
Ault, Roy J.....3050 Poplar St. (03)

B

Bannon, William G.
500 Rose Dispensary Bldg. (08)
Blum, Leon L.....1505 N. Seventh St. (07)
Bopp, Henry W., Jr.....221 S. Sixth St. (01)
Bopp, James.....Union Hospital (08)
Boyd, H. Clark.....221 S. Sixth St. (01)
Bristol, Henry M. S.....1218½ Wabash Ave. (01)
Bronson, Paul J.....3050 Poplar St. (03)
Brown, Robert R.....221 S. Sixth St. (01)
Burkle, Robert J.....3050 Poplar St. (03)

C

CaJacob, Melville E.....1000 S. Sixth St. (02)
Caldwell, Milton V.....416 Tribune Bldg. (01)
Carpenter, Donald J.
507 Rose Dispensary Bldg. (08)
Cavins, Alexander W.....221 S. Sixth St. (01)
Chau, Andrew Y. S.....405 S. Sixth St. (01)
Combs, Stuart R.....3050 Poplar St. (03)
Congleton, George C. (S)
308 Merchants National Bank Bldg. (01)
Conklin, James O..310 Rose Dispensary Bldg. (08)
Connerley, Marion L.....107 S. Seventh St. (01)
Conway, Thomas J.....221 S. Sixth St. (01)
Cristee, James W..500 Rose Dispensary Bldg. (08)
Crockett, Wayne A.
500 Rose Dispensary Bldg. (08)

D

Davis, Paul E.....1233 Maple Ave. (04)
Dierdorf, Fred W.....Union Hospital (08)
Drummy, William W.....221 S. Sixth St. (01)
Dyer, George W.....2235 Wabash Ave. (07)

E

Edwards, Henry G..6 Rose Dispensary Bldg. (08)
Ensey, Philip L...Indiana State University (09)

F

Freed, John E., Jr.....1030 S. Sixth St. (07)

G

Gerrish, Donald A.....5206 Clinton Road (05)
Goodman, Hubert T.
410 Rose Dispensary Bldg. (08)
Gossom, Donn R.....825 N. Third St. (07)

H

Harkness, Robert G. (S)
301 Rose Dispensary Bldg. (08)
Haslem, Ezra R..401 Rose Dispensary Bldg. (08)
Haslem, John R.....221 S. Sixth St. (01)
Hausner, Murray M.....1505 N. Seventh St. (07)
Hogan, Thomas W.....627 Cherry St. (01)
Hoover, Dewey A.....1218½ Wabash Ave. (01)
Humphrey, Paul E.....1235 Ohio Blvd. (07)
Hunt, Edgar J. (S).....R. R. 1 (02)

J

Johnson, Edward M.....221 S. Sixth St. (01)
Johnson, Paul D., Jr.....822 N. 15th St. (07)
Justin, Renate G.....901 S. 25th St. (03)

K

Kabel, Robert N.....3050 Poplar St. (03)
Krieble, William W.....221 S. Sixth St. (01)
Kunkler, Arnold W.....1700 N. Seventh St. (04)
Kunkler, Joseph (S).....14 S. Fifth St. (01)
Kunkler, William C. (S)
212 Merchants Nat'l. Bank Bldg. (01)

L

LaBier, Clarence R., Jr.....325 Ohio St. (01)
Lancet, Robert O.....2101 Wabash Ave. (07)
Lee, James.....465 S. 25th St. (03)
Lenyo, Ludimere.....221 S. Sixth St. (01)
Lo, Loretta S. Y.....405 S. Sixth St. (07)
Loewenstein, Werner L..1537 S. Seventh St. (02)
Luckett, Coen L. (S)..211 Fairbanks Bldg. (01)
Lyons, L. Mason.....59 S. 18th St. (07)

M

McAleese, George B.....1030 S. Sixth St. (07)
McBride, Noel S.
407 Merchants Nat'l. Bank Bldg. (01)
McCrea, Fred R.....221 S. Sixth St. (01)
McEwen, James W.....670 Cherry St. (01)
McLaughlin, Gordon C.....1644 S. 25th St. (03)
Mahoney, Charles L.....221 S. Sixth St. (01)
Malone, Leander A.....416 Tribune Bldg. (01)
Mankin, William J.....402 Tribune Bldg. (01)
Mason, Lester M.
314 Merchants Nat'l. Bank Bldg. (01)
Mattox, Don M.....1700 N. Seventh St. (04)
Meissel, Robert L.....920 N. 19th St. (07)
Miklozek, John E.....1461 S. Seventh St. (02)
Milleson, Ann L. M.....826 S. Center St. (07)
Mitchell, John R.....221 S. Sixth St. (01)
Musselman, Glen G.....1021 S. Sixth St. (07)

N

Nay, Ernest O. (S).....221 S. Sixth St. (01)
Neudorff, Louis G.....221 S. Sixth St. (01)

P

Paulsen, Suzanne M.....1505 N. Seventh St. (07)
Pearce, Roy V.....1440 S. 25th St. (03)
Pu, Pin H.....1021 S. Sixth St. (07)

R

Reed, Robert C.....Union Hospital (08)
Reynolds, Richard J.....2250 Wabash Ave. (07)
Richart, James V..414 Rose Dispensary Bldg. (08)
Riggs, Floyd C. (S).....2216 Wabash Ave. (07)
Rogers, R. Shirrell.....26 N. Sixth St., West Terre Haute (46885)
Rourke, Robert F.....1724 N. Seventh St. (04)
Rubin, Milton M.....221 S. 19th St. (07)

S

Sayers, Frank E. (S)....436 Bluebird Dr. (03)
Scherb, Burton E.....104 N. Seventh St. (01)
Schott, Edward J. (S).....653 Oak St. (07)
Schumaker, Robert A.....3050 Poplar St. (03)
Scully, William E.....221 S. Sixth St. (01)
Shanklin, Vernon A. (S).672½ Wabash Ave. (01)
Showalter, John R.....1223 Maple Ave. (04)
Siebenmorgen, Paul.....1200 S. Eighth St. (02)
Silverman, Norman M...1634 S. Seventh St. (02)
Speas, Robert C.....402 Tribune Bldg. (01)
Stewart, Walter E. (S)..402 Tribune Bldg. (01)
Stoelting, J. Lewis....1724 N. Seventh St. (04)
Strecker, William L.....2006 Wabash Ave. (07)
Strong, Daniel S. (S)..2618 Lafayette Ave. (05)
Sullivan, John M.....1712 Franklin St. (02)

T-U-V

Topping, Malachi C.....3050 Poplar St. (03)
Vance, William C...Indiana State University (09)
Veach, William L.....1235 Ohio St. (07)
Voges, Edward C.....702 College Ave. (02)

W

Walden, Heinz J.....213 Gilbert Ave. (07)
Weber, Joseph G. S.....723 Wabash Ave. (01)
Weinbaum, Jack G.....1505 N. Seventh St. (07)
West, Roger F.....221 S. Sixth St. (01)
Wheeler, Byron C.....3050 Poplar St. (03)
White, James V.....502 Tribune Bldg. (01)
Wilson, Fred L.....1501 S. Third St. (02)

X-Y-Z

Zwerner, Paul F.....2100 N. 12th St. (07)

WABASH COUNTY

Poehler, Fred C.....La Fontaine (46940)
Walker, James L. (S).....La Fontaine (46940)

North Manchester

(*Zip Code* 46962)

Balsbaugh, George K.....107 W. Seventh St.
Bunker, Ladoska Z.....201 N. Mill St.
Cook, Charles E.....114 W. Main St.
Eiler, Paul A.....1104 N. Wayne St.
Seward, George W.....111 E. Main St.
Silvers, Michael.....1104 N. Wayne St.
Smith, Lloyd H.....1104 N. Wayne St.

Wabash

(*Zip Code* 46992)

Boaz, William D.....645 N. Spring St.
Dannacher, William D.....400 Ash St.
Dragoo, John R.....400 Ash St.
Dunham, Henry H.....Wabash Professional Bldg.
Elward, Carl J.....R. R. #4
Gatzimos, Christos D....Wabash County Hospital
Hanneken, Vincent J.....400 Ash St.
LaSalle, Richard M.....645 N. Spring St.
LaSalle, Robert M., Jr.....645 N. Spring St.
LaSalle, Robert M., Sr.....R. R. #4
Mills, John F.....24 E. Main St.
Pearson, William E.....290 N. Wabash
Rauh, Robert A.....884 N Miami St.
Smyrniotis, Frank.....645 N. Spring St.
Steffen, Julius T.....443 N. Wabash
Stoops, Jean T.....400 Ash St.
Zydlo, Stanley M.....Wabash Professional Bldg.

Kidd, James G. (S).....720 West Racine St., Apt. B, Jefferson, Wis. (53549)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville

(*Zip Code* 47601)

Hoover, Peter B.....223 W. Locust St.
Stover, Wendell C.....125½ S. Second St.
Terry, Robert H.....117 S. Second St.

Dimmett, James D.....Chandler (47610)
Colvin, Robert C.....Newburgh (47630)
Wilhelmus, Charles M. (S).....Newburgh (47630)

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg (47108)
Carty, Charles B.....Pekin (47165)

Salem

(*Zip Code* 47167)

Apple, Eddie R.....501 W. Market St.
Coleman, Henry G.....Mitchell Bldg.
Episcopo, Arsenius R.....R. R. #3
Fultz, Roy L.....304 E. Market St.
Huckleberry, Irvin E. (S)....502 W. Mulberry St.

WAYNE-UNION COUNTIES

Hill, Paul G.....Cambridge City (47327)
Kenyon, C. Emil.....Cambridge City (47327)
Barton, Willoughby M.....Centerville (47330)
Hutchison, Donald R.....Fountain City (47341)

Liberty

(*Zip Code* 47353)

Clarkson, Clarence G.....304 E. Union St.
Lewis, James F.....28 E. Union St.
McWilliams, William B.....207 N. Market St.

Richmond

(*Zip Code* 47374)

Adney, Frank B., Jr.....1015 S. A St.
Ake, Loren.....213 Medical Arts Bldg.
Allen, Robert T.....34 S. Seventh St.
Anderson, Robert C.....Richmond State Hosp.
Ballenger, William E.....309 Medical Arts Bldg.
Blossom, Paul W.....825 S. A St.
Brooks, G. Tanner.....29 S. 12th St.
Buche, Frederick P. (S).....106 S. Seventh St.
Coble, Frank H.....51 S. Eighth St.
Cox, Leon T.....1210 E. Main St.
Daggy, James R.....35 S. Eighth St.
Dingle, Paul E.....216 Medical Arts Bldg.
Dreyer, Ralph W.....2 S. W. 17th St.
Ebbinghouse, Tom.....98 W. Main St.
Gibson, Alois E.....1250 Chester Blvd.
Guthrie, James R.....1010 S. A St.
Hance, Darwood B.....Reid Memorial Hospital
Harmon, Carl J.....311 Medical Arts Bldg.
Hibner, Dan W.....307 Medical Arts Bldg.
Hill, Gladys Marie.....407 Medical Arts Bldg.
Hunt, Gayle J.....425 S. 19th St.

Johnson, George M.....1250 Chester Blvd.
Kendall, William R.....126 S. 24th St.
Kime, Charles E.....1201 S. A St.
Klepfer, Jefferson F....Richmond State Hospital
Kreitl, Dorothy R.....Richmond State Hospital
Lee, Glen Ward.....139 Medical Arts Bldg.
Ling, John F.....1250 Chester Blvd.
Logan, James Z.....84 S. 14th St.
Loomis, Charles H.....1203 S. A St.
McIlroy, Richard J.....Richmond State Hospital
Mader, John H.....2000 E. Main St.
Malcolm, Russell L.....127 Medical Arts Bldg.
Meredith, Elwood J.....203 Medical Arts Bldg.
Miller, Harold L. 1250 Chester Blvd.
Millis, Arthur B.....1250 Chester Blvd.
Park, Byron J.....1250 Chester Blvd.
Plasterer, Edward D.....212 S. 16th St.
Porter, George S.....1010 S. A St.
Ramsdell, Glen A.....1015 S. A Street
Runge, Paul W.....1426 E. Main St.
Sage, Charles V., Jr.....48 S. 11th St.
Schmitt, Robert W.....25 Circle Drive
Sherer, Kenneth E.....1250 Chester Blvd.
Shields, Tom S.....47 S. 11th St.
Snyder, Morris C.....810 S. A St.
Stepleton, John D.....Reid Memorial Hospital
Stilwell, William R.....2607 South C Place
Sweet, Howard E.....35 E. Eighth St.
Wanninger, Horace (S).....2 N. Eighth St.
Warrick, Francis B.....1426 E. Main St.
Weinstein, Edwin B.....204 Colonial Bldg.
Weitemier, Raymond A.....2000 E. Main St.
Wertenberger, Morris D...Reid Memorial Hospital
Wiland, Olin K.....Reid Memorial Hospital
Zore, Joseph J.....1308 North A Street

Shepard, Fred F.....College Corner, Ohio (45003)

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Boonstra, Charles E.....303 S. Main St.
Bradley, Louis F.....303 S. Main St.
Buckner, Joy F.....116 E. Walnut St.
Caylor, Charles H.....303 S. Main St.
Caylor, Harold D.....303 S. Main St.
Caylor, Truman E.....303 S. Main St.
Collins, Jack T.....303 S. Main St.
Cook, Robert G.....303 S. Main St.
Dorrance, Thomas O.....303 S. Main St.
Eisaman, Jack L.....303 S. Main St.
Gitlin, Max M.....121 E. Market St.
Gitlin, William A.....121 E. Market St.
Hamilton, Orville G. (S).....227 S. Main St.
Huebner, Gilbert D.....303 S. Main St.
Huffman, Galen C.....303 S. Main St.
Jackson, Charles E.....303 S. Main St.
Kephart, S. Bruce.....303 S. Main St.
Lehman, Emery W.....904 S. Bennett St.
Matzen, Richard N.....303 S. Main St.
Mayock, Peter P.....303 S. Main St.
Meier, Donald W.....303 S. Main St.
Mock, L. Farrell.....303 S. Main St.
Mudrony-Szoke, Jeno B.....303 S. Main St.
Panos, Constantine G.....227 S. Main St.
Phillips, John F.....303 S. Main St.
Pietz, David G.....303 S. Main St.
Rusher, Merrill W.....303 S. Main St.
Sorg, David A.....303 S. Main St.
Steckbeck, Robert L.....303 S. Main St.
Strehler, Don A.....303 S. Main St.
Symon, William E.....303 S. Main St.
Talbert, Pierre C.....303 S. Main St.
Willard, Richard.....227 S. Main St.
Yoder, Richard P.....303 S. Main St.

Stevens, Adam C.....Kendallville (46755)
Gingerick, Charles M.....Liberty Center (46766)
Kinzer, LeRoy D.....Markle (46770)
Miller, Gerald L.....Markle (46770)
Hardin, Wayne E.....Ossian (46777)

Rudy, Donald B.
P. O. Mnene, via Belingwe, Rhodesia, S. Africa

WHITE COUNTY

Galbreth, Jesse P. (S).....Burnettsville (47926)
Fedor, Thomas A.....Monon (47959)
McClure, Stanley E.....Monon (47959)

Monticello

(*Zip Code* 47960)

Beck, David C.....135 S. Illinois St.
Dickerson, W. Martin.....1114 O'Connor Blvd.
Fields, Max L.....Western Heights
Hibner, Nolan A.....110 S. Main St.
Jehanyar, M. Ali.....116 N. Illinois St.
Morris, Warren V.....115 W. Marion St.

Baynes, Frank L.....Wolcott (47995)
Forbes, Violet Crabbe.....Wolcott (47995)

WHITLEY COUNTY

Hershey, Ernest A. (S).....Churubusco (46723)
Minick, Linus J.....Churubusco (46723)

Columbia City

(*Zip Code* 46725)

Hamilton, Thomas.....115 S. Main St.
Heritier, C. Jules.....116 S. Chauncey
Langohr, John L.....215 E. Van Buren St.
Lehmberg, Otto F. C.....118 E. Van Buren St.
Niccum, Warren L.....215 E. Van Buren St.
Reid, Donald B.....2 Hallmark Square
Roth, James R.....323 N. Chauncey
Thompson, Frank M.....510 N. Main St.
Vogel, John L.....215 E. Van Buren St.
Wait, Jerome H.....115 S. Main St.
Wilson, John.....122 N. Main St.

Stalter, Gaylord W.....North Webster (46555)
Mishler, Joe B.....P. O. Box 276, Pierceton (46562)
Yoder, Dewey D.....R. R. #1, Pierceton (46562)
Huffman, Verlin P.
201 N. State St., South Whitley (46787)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

OFFICERS: 1966-67

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PRESIDENT-ELECT	Mrs. John W. Deever	6801 S. East St.	Indianapolis
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NORTHERN VICE-PRESIDENT	Mrs. John W. Rousseau	3018 Devon	Ft. Wayne
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SOUTHERN VICE-PRESIDENT	Mrs. Paul A. Clouse	5801 Newburgh Rd.	Evansville
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TREASURER	Mrs. Otis R. Bowen	304 N. Center St.	Bremen
CORRESPONDING SECRETARY	Mrs. Harry L. Craig	R. R. 1	Huntingburg
FINANCE SECRETARY	Mrs. M. O. Scamahorn		Pittsboro
HISTORIAN	Mrs. Edward L. Rigley	1704 Ridgedale Rd.	South Bend
PARLIAMENTARIAN	Mrs. Frank Gastineau	4842 E. 62nd St., Apt. G.	Indianapolis

COMMITTEE CHAIRMEN

AMA-ERF (CHAIRMAN)	Mrs. Edward M. Johnson	313 Terre Vista Dr.	Terre Haute
AMA-ERF (TREASURER)	Mrs. C. Herbert Spencer	2108 Paulding Rd.	Ft. Wayne
BYLAWS	Mrs. John M. Sullivan	2242 College Ave.	Terre Haute
COMMUNITY SERVICE	Mrs. Robert M. Seibel	Box 127	Nashville
DISASTER PREPAREDNESS	Mrs. A. Alan Fischer	2515 Knollwood Dr.	Indianapolis
EDITORIAL	Mrs. Frank Green	516 N. Morgan St.	Rushville
HEALTH CAREERS	Mrs. William Garner, Jr.	1510 Sunset Dr.	New Albany
LEGISLATION	Mrs. Dwight W. Schuster	4503 Washington Blvd.	Indianapolis
INTERNATIONAL HEALTH ACTIVITIES	Mrs. Joseph Clark	R. R. 9	Huntington
MEDICAL CARE INSURANCE	Mrs. Halleck S. Knotts	2740 Washington St.	Columbus
MEMBERSHIP	Mrs. Bruce Kephart	Box 12	Bluffton
MENTAL HEALTH	Mrs. Richard G. Horswell	1629 E. Jackson Blvd.	Elkhart
ORGANIZATION	Mrs. John W. Deever	6801 S. East St.	Indianapolis
PROGRAM	Mrs. Stanley M. Chernish	4403 Radnor Road	Indianapolis
PUBLICITY	Mrs. R. Case Hammond	6820 Arcadian Hwy.	Evansville
RURAL HEALTH	Mrs. Francis Gootee	R. R. 1	Jasper
SAFETY	Mrs. P. Q. Row	6712 Hohman Ave.	Hammond
LIAISON OFFICER to the Indiana Chapter of W.A.S.A.M.A.	Mrs. Herbert L. Egbert	419 W. 63rd St.	Indianapolis
1966 ISMA CONVENTION CHAIRMEN	Mrs. Thomas Gootee	1328 Dorbett St.	Jasper
	Mrs. Francis Gootee	R. R. 1	Jasper
1967 CONVENTION CHAIRMEN, HOUSE OF DELEGATES	Mrs. Weston A. Heinrich	1408 Lincoln Ave.	Evansville
	Mrs. Joseph E. Coleman	2381 Wayside Dr.	Evansville

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

(*Zip Code* 46711)

Beaver, Mrs. Norman E......866 Columbia Dr.
Boze, Mrs. Robert L......255 Dearborn St.

Decatur

(*Zip Code* 46733)

Burk, Mrs. James M.....221 S. 3rd St.
Carroll, Mrs. John C......R. R. 5
Doan, Mrs. John.....522 Jefferson
Freeby, Mrs. C. William.....R. R. 1
Girod, Mrs. Arthur A.....R. R. 6
Parrish, Mrs. Richard K......242 S. 2nd St.
Rich, Mrs. Norval S......R. R. 4
Zwick, Mrs. Harold F......104 E. Rugg

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Brickley, Mrs. Harry D.....227 S. Main St.
Buckner, Mrs. Winifred.....P.O. Box 87
Hamilton, Mrs. O. G.....203 E. Central Dr.

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Adams, Mrs. E. Wade....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C.....1242 Northlawn
Aiken, Mrs. Arthur F.....8331 Waterswolde Lane
Aiken, Mrs. Nevin E.....5540 Leo Rd.
Anderson, Mrs. Garland.....1241 Bethany Lane
Andrew, Mrs. Jerald.....401 W. Sherwood Terrace

Arata, Mrs. James.....126 Timber Lane
Arata, Mrs. Justin E.....224 Ludwig Rd.
Ashman, Mrs. William C.....1018 Kinnaird (07)
Aust, Mrs. Charles H.
7137 Roseann Parkway (04)

B

Ball, Mrs. John R.....4112 S. Harrison (07)
Baltes, Mrs. Joseph H.....1309 Sunset Dr. (07)
Barch, Mrs. John W.....4921 Desoto Dr. (05)
Bash, Mrs. Wallace E.....1201 Korte Lane (07)
Beams, Mrs. Ralph.....3710 Wawonaissa (11)
Beierlein, Mrs. Karl M.....2716 Butler Road (08)
Beights, Mrs. Raymond.....4505 Fairlawn Pass
Bergendahl, Mrs. Emil.....1202 Illsley (07)
Berghoff, Mrs. J. R.....3736 Plymouth Rd.
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Bierman, Mrs. Gilbert.....1216 W. Wayne (04)
Billingsley, Mrs. John.....4720 Crestwood (07)
Bixler, Mrs. J. A.....4310 Vance Ave.
Blichert, Mrs. Peter A.....449 W. Sherwood (07)
Bolman, Mrs. R. Morton....5405 S. Wayne (07)
Borders, Mrs. Theodore R.....1802 Nevada St.
Bossard, Mrs. John W.....1611 Alabama
Bower, Mrs. Richard E.
3609 Portage Blvd., Apt. #5 (04)
Bowers, Mrs. Geo. W.....2120 Kensington
Brandt, Mrs. William.....3535 Kirkland
Braunlin, Mrs. Robert J.....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd.....207 Southridge Rd.
Bromley, Mrs. Luman W.
410 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H.....3302 Garland
Brown, Mrs. Frederic W....1813 Woodmoor (04)
Brown, Mrs. Garland R.
5522 W. Hamilton Dr. (01)
Brucker, Mrs. Perry A.....2933 Kingsley
Brueggeman, Mrs. Henry O.
1202 W. Washington (04)
Bryan, Mrs. Franklin A.....3006 Devon Dr.
Buckner, Mrs. Doster.....Bass Rd., R. R. 5 (08)
Buckner, Mrs. George D.....4327 Hampshire Dr.
Burkhart, Mrs. Charles A..7621 Pinedale Dr. (09)

C

Carlo, Mrs. Ernest.....5205 Indiana (07)
Cartwright, Mrs. E. L...3718 Hiawatha Blvd. (07)
Chambers, Mrs. Alan....2401 Indian Village (07)
Chase, Mrs. James A.
4120 N. Washington Rd. (04)
Clark, Mrs. William, Jr..532 W. Oakdale Dr. (07)
Clark, Mrs. Wm. R.....4002 S. Harrison (07)
Cochran, Mrs. Harry A., Jr.
420 W. Sherwood Ter. (07)
Connelly, Mrs. Jerry.....4615 Willard Dr.
Connelly, Mrs. Richard D.....3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cottrell, Mrs. Robert F...5125 Worthman Ct. (07)
Craig, Mrs. Richard..5435 Woodhurst Blvd. (07)

D

Datzman, Mrs. Richard....5402 Bluffton Rd. (07)
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (01)

E

Eberly, Mrs. Karl C.....1240 W. Rudisill (07)
Emenhiser, Mrs. John L.....1407 Pinehurst Dr.
Engleman, Mrs. Reinhold...7210 Blackhawk Dr.
Epps, Mrs. James.....2120 Hobson Rd., Apt. 111A

F

Farquhar, Mrs. John S.....5206 Indiana (07)
Ferguson, Mrs. Arthur N...328 W. Sherwood (07)
Flaherty, Mrs. Robert....1835 Forest Park Blvd.
Foy, Mrs. Thomas.....2618 Glenwood Ave.
Franke, Mrs. Gordon.....6216 Midwood Dr.
Frankhouser, Mrs. Chas. M.
7245 Winchester Rd. (07)
Fullam, Mrs. Richard.....4159 Woodstock

G

Garton, Mrs. Harry W.
R. R. 6, Hamilton Rd. (04)
Gastineau, Mrs. David C.....8203 Westridge Rd.
Gentile, Mrs. J. Paul.....6821 Woodcrest Dr.
Gerding, Mrs. William J...1721 Forest Park Blvd.
Giffin, Mrs. Charles.....3222 Chancellor
Glassley, Mrs. Stephen.....6950 Stellhorn Rd.
Glock, Mrs. Maurice E...1502 Hawthorne Rd. (04)
Glock, Mrs. Wayne R.....Tonkel Rd., R. R. 2
Goebel, Mrs. Carl W.....4102 S. Harrison (07)
Graham, Mrs. George M...1126 W. Rudisill (07)
Graham, Mrs. James C.....2835 Devon Dr.
Greenlee, Mrs. Robert L.....3344 Sanibel Dr.
Greist, Mrs. Walter D.....4809 Arlington (07)
Griffith, Mrs. Harold R...1913 Forest Park Blvd.

H

Hackett, Mrs. Walter G..5220 Crandon Lane (04)
Haffner, Mrs. Herman G..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J.....3720 Stellhorn Rd.
Haller, Mrs. Richard C.....2525 Otsego
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Hamilton, Mrs. George.....4531 Highwood Dr.
Hasewinkle, Mrs. August M...3544 Kirkland Lane
Hastings, Mrs. Warren C.....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E.....3721 Inwood
Hershberger, Mrs. Philip G.
5525 Covington Rd. (04)
Hickman, Mrs. Donald M.....1815 Kensington Rd.
Hillery, Mrs. Robert.....3513 Kirkland Lane
Hipskind, Mrs. Richard E...1416 Woodmoor (04)
Hoffman, Mrs. Arthur F...3619 Harris Rd. (08)
Holsinger, Mrs. Robert E.....4617 Indiana (07)
Hoover, Mrs. Joseph.....722 W. Creighton (07)
Howe, Mrs. Fordyce L.....2540 Springfield
Humphreys, Mrs. John L.
3701 S. Washington Rd. (04)

I & J

Irmscher, Mrs. Geo. W.....2024 Florida Dr.
Isenogle, Mrs. Kenneth.....4201 Brooklawn Dr.
Jackson, Mrs. John F.....4922 Indiana (07)
Johnston, Mrs. Richard.....2533 Bellevue Dr.
Jontz, Mrs. Joseph.....514 Shady Hurst Dr.
Jontz, Mrs. Richard L.....3705 Marigold Dr.
Juergens, Mrs. Richard.....6825 Ludwig Circle

K

Karol, Mrs. Herbert J.....1725 Ardmore (04)
Kaufman, Mrs. Julian R...5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A.....4633 Crestwood (07)
Kent, Mrs. Richard N.....2717 East Dr.
Keyes, Mrs. Robert C.....1226 Illsley (07)
Kidder, Mrs. Orva T.....Lima Rd. (08)
Kilgore, Mrs. Byron.....3110 Glencairn Dr.
Kimbrough, Mrs. Robert....4601 Beaver Ave. (07)
Kleifgen, Mrs. Wm. A.....4602 Tacoma (07)
Kleopfer, Mrs. Ronald G.....7445 Leo Rd.
Klooze, Mrs. Kenneth W.....723 W. Packard (07)
Knight, Mrs. Lewis W.....3502 Glencairn Dr.
Krueger, Mrs. John.....4418 Bradwood Terrace
Kruse, Mrs. Walter E.....4006 Spanish Trail

L

Ladig, Mrs. Donald S.....2720 Fairfield (07)
Laker, Mrs. Gene C.....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J.....1301 Sheridan Ct. (07)
Lampe, Mrs. Elfred H...4255 Hartman Rd. (07)
Land, Mrs. Francis L..4129 S. Harrison Blvd. (07)
Laycock, Mrs. Richard.....5019 Stellhorn Rd.
Lee, Mrs. John W.....3336 Rockwood Dr.
Lenk, Mrs. George G.....5507 E. State St.
Logan, Mrs. Richard S.....5225 Vance
Lohman, Mrs. Robert M...1320 Westover Rd. (07)
Lorman, Mrs. James G.....4926 Midlothian
Loudermilk, Mrs. Jack L.....3032 Glencairn Dr.
Lyon, Mrs. William C.....5005 Stratford Rd. (07)

M

McArdle, Mrs. Edward G.
1133 W. Rudisill Blvd. (07)
McBride, Mrs. W. O.....2121 Engle Rd. (07)
McCallister, Mrs. John W...4215 Drury Lane (07)
McDowell, Mrs. George A...2322 Forest Park Blvd.
McEachern, Mrs. Cecil....4242 Old Mill Rd. (07)
McKeeman, Mrs Donald H.....1615 Ardmore (04)
Mann, Mrs. R. E.....4035 Cadena Lane
Manning, Mrs. George....4115 Indiana Ave. (07)
Marsh, Mrs. M. Frederick..3721 Central Dr. (06)
Mastrangelo, Mrs. Michael J.
2718 Priscilla Lane (06)
Mensch, Mrs. James R.....2120 Forest Park Blvd.
Meyer, Mrs. Theo. O.....3728 Kirkwood
Michaelis, Mrs. Stephen C...1255 Korte Lane (07)
Miller, Mrs. Carl G.....457 Oakdale Dr. (07)
Miller, Mrs. Don E.....3329 Argyle Dr. (06)
Miller, Mrs. Edward D.....2615 East Drive
Miller, Mrs. H. Paul.....6408 S. Calhoun (07)
Miller, Mrs. Mahlon F.....1115 Illsley (07)
Miller, Mrs. Orval J.....1810 Kensington
Miller, Mrs. Richard.....5125 Old Mill Rd. (07)
Miller, Mrs. Wm. J.....2620 Capitol (06)
Moats, Mrs. Carl F...3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C.....4723 St. Joe Center Rd.
Moravec, Mrs. Arthur....4711 Old Mill Rd. (07)
Morey, Mrs. Edwin.....709 Kinnaird (07)
Morgan, Mrs. Milton M.....8214 Park Ridge Dr.
Mortenson, Mrs. Leland J.
1310 W. Foster Pkwy. (07)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)
Murdock, Mrs. Harvey L.....1212 Kensington

N-O

Nill, Mrs. John H.....5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (01)
O'Brian, Mrs. John F.....1215 N. Anthony Blvd.
O'Rourke, Mrs. Carroll..9211 Covington Rd. (04)

P

Painter, Mrs. Donald S....R. R. 1, Southridge Rd.
Parker, Mrs. C. B.....2215 Paulding Rd. (01)
Parrot, Mrs. Donald J.....4926 Chaucer (01)
Patterson, Mrs. Jack W.....8914 Maravilla Dr.
Perrin, Mrs. Kermit F.....2828 Lake Ave.
Pickett, Mrs. Merle E.....4509 Trierwood
Popp, Mrs. Milton F.....3148 Parnell Ave.
Powell, Mrs. M. Jack..7412 Ridge Knoll Rd. (04)
Priddy, Mrs. Marvin.....3902 Bonita Place

R

Rank, Mrs. William B.
3737 S. Washington Rd. (04)
Reed, Mrs. John D.....3940 Dalewood Dr.
Rhamy, Mrs. Bonnelle W.
4823 W. Hamilton Rd. (04)
Richards, Mrs. Alan D.....3730 Meda Pass (07)
Rissing, Mrs. Walter J.....3200 Irvington
Roser, Mrs. Arthur J.....5576 Covington Rd. (04)
Rossiter, Mrs. Dudley L....724 Oakdale Dr. (04)
Rothberg, Mrs. Maurice..4319 Hartman Rd. (07)
Rousseau, Mrs. John W.....3018 Devon Dr.

S

Sahlmann, Mrs. Hans.....2402 Woodward
Salon, Mrs. Harry W...4017 Hiawatha Blvd. (07)
Salon, Mrs. Joel.....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L...7939 Scottwood Court (04)
Sarver, Mrs. Francis E.....4629 Tacoma (07)
Savage, Mrs. Arthur R.....R. R. 1, Southridge Rd.
Schlademan, Mrs. Karl R...5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert.....705 Caribe Blvd.
Schloss, Mrs. Robert
414 W. Sherwood Terrace (07)
Schmidt, Mrs. Eugene E.....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J.....5214 Woodhurst (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoenhals, Mrs. Charles E.....2818 Inwood
Schubert, Mrs. Jerome C.
4725 Wellington Drive (06)
Scoins, Mrs. W. H...2121 Engle Rd., Apt. 3B (07)
Scudder, Mrs. James.....1619 Forest Park Blvd.
Senseny, Mrs. Eugene F..3112 Beaver Ave. (07)
Shaw, Mrs. James E...3932 Rosewood Drive (04)
Shinabery, Mrs. Lawerence..1850 Broadway (04)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sirlin, Mrs. E. M.....2615 Trier Rd.
Smith, Mrs. C. Curtis.....4332 Charter Lane
Smith, Mrs. G. A.....2313 Florida
Smith, Mrs. Philip L.....5416 South Wayne (07)
Smith, Mrs. Roger.....8828 Maravilla Dr.
Snyderman, Mrs. Sanford C.
3222 N. Wash. Rd. (04)
Somers, Mrs. G. H.....1253 W. Rudisill (07)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (01)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C.....3924 Spanish Trail
Steigmeyer, Mrs. David J.....6809 Woodcrest
Stellner, Mrs. Howard A..3323 Butler Court (08)
Stier, Mrs. Paul..R. R. 6, 13120 Ravine Trail (04)
Stucky, Mrs. Jerry L.....4167 Woodstock Ave.
Sullivan, Mrs. Robert E.....4706 Highwood
Swinton, Mrs. Stanley.....1927 Hazelwood, Apt. D

T

Tennant, Mrs. David L.....3908 Spanish Trail
Terrill, Mrs. Richard.....4727 Old Mill Rd. (07)
Thornton, Mrs. Walter E...601 Oakdale Dr. (07)
Tomusk, Mrs. August N.....2315 Springfield
Towles, Mrs. Jeff H.....4808 S. Anthony (06)
Trier, Mrs. Herbert P.....1618 Forest Park Blvd.

U-V

Ungemach, Mrs. Willo F.....3929 Wenonah (07)
Vogel, Mrs. Lloyd A.....5626 Dartmouth Dr.
Voorhees, Mrs. Robert J...2018 Forest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr...4105 Dalewood Dr.
Walker, Mrs. Floyd.....1202 Forest Ave.
Wallace, Mrs. Collins.....4153 Woodstock
Weber, Mrs. John R.....5313 S. Wayne
Wick, Mrs. Alfred A.....2320 Springfield Ave.
Wilkins, Mrs. Robert W.....914 Prange Dr. (07)
Wilson, Mrs. Leslie.....4864 Reed Rd.
Wilson, Mrs. Roland B.....4100 Abbott (06)
Wright, Mrs. William C.....1834 Pemberton Dr.
Wyatt, Mrs. James L., Jr...2934 Grandview (04)

Z

Zehr, Mrs. Noah.....301 W. Creighton (07)
Zweig, Mrs. Elmer S.....2015 Pemberton

New Haven

(*Zip Code* 46774)

Dahling, Mrs. C. Wallace..Carefree Farms, R. R. 2
Dahling, Mrs. Fred W.....1229 Rose Ave.
Emenhiser, Mrs. Don C.....1040 Lincoln Highway
Hoetzer, Mrs. Eldore M.....Doyle Rd.
Sidell, Mrs. James.....1228 Powers
Stumpf, Mrs. Edwin E.....R. R. 2, Werling Rd.

Emme, Mrs. Richard W...R. R. 2, Grabill (46741)
Mackel, Mrs. Frederick
R. R. 1, Huntertown (46748)
Harless, Mrs. O. Fred.....Monroeville (46773)

Schlegel, Mrs. Edward
2009 Frieze Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

(*Zip Code* 47201)

Columbus

Able, Mrs. Walter.....2630 19th St.
Adler, Mrs. David L.....4224 N. Riverside Dr.
Andrews, Mrs. Fred B.....2813 DeSoto Way
Beggs, Mrs. Lowell F.....2733 Riverside Dr.
Daugherty, Mrs. Forest D...R. R. 1, Indian Hills
Davis, Mrs. Marvin R.....2300 N. Washington St.
Dugan, Mrs. Thomas.....2651 18th St.
Echsner, Mrs. Herman J.....300 Tipton Lane
Fisher, Mrs. Walter S.....906 Franklin St.
Fortner, Mrs. Roy E.....3021 Tulip Drive
Fuller, Mrs. Robert.....1602 Crescent Dr.
Gammell, Mrs. Lindley L.....602 22nd St.
Grangier, Mrs. Bernard A.....3356 Nugent Blvd.
Hart, Mrs. Robert B.....1203 16th St.
Hauersperger, Mrs. Alfred D.....4164 River Rd.
Hawes, Mrs. Marvin E.....2975 Franklin Dr
Henry, Mrs. Alvin L.....1926 Lafayette Avenue
Jacobs, Mrs. E. Robert.....1829 California
Knotts, Mrs. Halleck S.....2740 Washington St.
Krueger, Mrs. Robert B.....811 27th St.
Macy, Mrs. George W.....2623 Riverside Dr.
Marr, Mrs. Griffith.....Marr Rd., R. R. 1
McCullough, Mrs. Henry G.
Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd W.....308 Sunset Dr.
Norton, Mrs. Harold J.....909 Pearl St.
O'Bryan, Mrs. Richard B...3306 Grove Parkway
Overmire, Mrs. Joseph E.....R. R. 2
Overshiner, Mrs. Lyman.....1715 Franklin St.
Ranck, Mrs. Benjamin A.....3370 Grove Parkway
Rau, Mrs. Charles A.....1312 Audubon Dr.
Reid, Mrs. Robert M.....2712 Lafayette Ave.
Richmond, Mrs. Harold W.....1725 Washington
Ryan, Mrs. Wm. J.....3224 Grove Parkway
Sandlin, Mrs. Donald L.....R. R. 7
Schmitt, Mrs. Richard K.....2639 Riverside Dr.
Schneider, Mrs. Kenneth D..4232 N. Riverside Dr.
Sigmund, Mrs. Wm. B.....P.O. Box 306
Snapp, Mrs. Richard A.....2644 Chestnut St.
Stribling, Mrs. James L...3680 Williamsburg Way
Weinland, Mrs. George C.....R. R. 5
Wickstrom, Mrs. Otto W.....203 Newsom
Wickstrom, Mrs. Otto W., Jr.....3412 Grove Place
Wigh, Mrs. Russell.....2767 Lafayette Ave.
Williams, Mrs. E. W.....1902 Franklin St.
Zaring, Mrs. Byron K.....2419 Riverside Dr.

Seibel, Mrs. Robert M.....Nashville (47448)
Stevens, Mrs. Kuhrman H.
Morrison Rd., R.R. 3, Nashville (47448)

BENTON COUNTY

Coddens, Mrs. A. L.
404 N. Washington Ave., Fowler (47944)
Leak, Mrs. Robert Boswell (47921)
McKinney, Mrs. Donald L.....Box 398, Otterbein (47970)
Scheurich, Mrs. Virgil..State Rd. 55 South, Oxford (47971)
Turley, Mrs. V. L.
1003 East Fifth St., Fowler (47944)

BOONE COUNTY

(*Zip Code* 46052)

Lebanon

Bennett, Mrs. Kent.....113 Chicago St.
Boyer, Mrs. Don.....129 W. Camp
Coons, Mrs. John D.....121 Ulen Blvd.
Coons, Mrs. Ritchie.....138 Ulen Blvd.
Honan, Mrs. Paul.....202 East Dr.
Kern, Mrs. Clarence G.....1019 N. Meridian
Lenox, Mrs. Jack.....203 East Dr.
McAfee, Mrs. James.....1997 Terrace Lane
Weddle, Mrs. Charles O.....1210 N. East
Wiseheart, Mrs. Robert H.....123 Ulen Blvd.

Schaaf, Mrs. Alvin D.....Jamestown (46147)
Gregg, Mrs. Edwin.....320 E. Main, Thorntown (46071)

CARROLL COUNTY

Delphi

(*Zip Code* 46923)

Baker, Mrs. Eldon E.....R. R. 4, Box 144
Petry, Mrs. T. Neal.....130 W. Summit St.
Seese, Mrs. Robert M.....201 W. North St.
Wagoner, Mrs. Geo. W.....305 W. Summit St.

Adams, Mrs. Max R.....Park Row, Flora (46929)
McLaughlin, Mrs. James R.....511 E. Main, Flora (46929)
Wise, Mrs. Charles L.....Shangrala, Camden (46917)

CASS COUNTY

Logansport

(*Zip Code* 46947)

Adamski, Mrs. M. S.....614 17th St.
Bailey, Mrs. Earl W.....2522 North
Bean, Mrs. Joseph S.....R. R. 1, Box 167
Burnett, Mrs. Paul C.....Logansport State Hosp.
Eckert, Mrs. Russell A.....15 Frederick St.
Fogel, Mrs. Ernest J...Logansport State Hospital
Gatzimos, Mrs. Christos D.....3116 High St. Rd.
Glendening, Mrs. Richard L.....2300 Broadway
Hall, Mrs. Bernard R.....3400 E. Broadway
Harrington, Mrs. James F.....2316 Rolling Ridge
Hedde, Mrs. Eugene L.....2304 Chase Rd.
Hillis, Mrs. L. J.....2410 Hastye Hyll
Horning, Mrs. Richard R.
Logansport State Hospital
Jones, Mrs. J. Carl.....R. R. 3
King, Mrs. Jay M.....2319 Mayfair Dr.
Maschmeyer, Mrs. R. H.
Logansport State Hospital
Morrical, Mrs. Russell J.....415 Highland
TerBush, Mrs. Edward L.....R. R. 5
Viney, Mrs. Charles L.....26th and High St.
Wilson, Mrs. Paul H.....2600 Hastye Hyll
Winter, Mrs. Donald K.....2409 Hastye Hyll

Dutchess, Mrs. Charles T.....Galveston (46932)
Lybrook, Mrs. Daniel E.
4162 Kessler Blvd., N. Drive, Indpls.
% Robert C. Blackman (46208)

CLARK COUNTY

Charlestown

(*Zip Code* 47111)

Goodman, Mrs. Eli.....333 Oriole Dr.
Jones, Mrs. David.....State Rd. 403

Clarksville

(*Zip Code* 47131)

Mudd, Mrs. Joseph.....103 Rosewood Dr.
Shaw, Mrs. Houston M.....209 Maplewood Dr.
Willner, Mrs. Alan.....214 Rosewood Dr.
Wolverton, Mrs. George.....115 Rosewood Dr.

Jeffersonville

(*Zip Code* 47130)

Bizer, Mrs. Mier.....49 Wildwood
Buckley, Mrs. Ernest.....729 E. Park
Carney, Mrs. J. T.....2602 Hollywood Dr.

Clark, Mrs. William B.....Blackiston Mill Road
Dare, Mrs. Lee.....215 Sparks Ave.
Golden, Mrs. Wm. Y.....1929 Utica Pike
Graham, Mrs. O. P.....713 E. Maple St.
Green, Mrs. Frank, Jr.....201 Kewanna Drive
Havens, Mrs. Alfred Lyle.....1934 Utica Pike
Huoni, Mrs. John.....1407 Youngstown Dr.
Isler, Mrs. Nathaniel C.....901 Morningside Dr.
McKechnie, Mrs. Robert K.
1554 Blackiston Mill Rd.
Oca, Mrs. Clemente F.....1452 Altawood Dr.
Reed, Mrs. Edsel.....4 Pawnee Dr.
Roby, Mrs. A. L.....Rt. 9, Box 91, Utica Pike
Shaw, Mrs. Houston.....209 Maplewood Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J.....225 W. Utica St.
Regan, Mrs. George.....303 Indiana
Sturgis, Mrs. Donald G.....542 Linnwood
Vandevert, Mrs. Arthur.....202 Highland

Carr, Mrs. Joseph..Pine Rd., Henryville (47126)
Greene, Mrs. W. R.....Henryville (47126)
Horlander, Mrs. Fridolin.....Henryville (47126)

DEARBORN COUNTY

Aurora
(*Zip Code* 47001)

Baker, Mrs. Leslie M.....204 Fifth St.
Frable, Mrs. Frank.....412 Sunnyside Ave.
Gresham, Mrs. Edwin.....182 Conwell St.
Jackson, Mrs. Kenneth.....205 Grant St.
Lindgren, Mrs. Ivan.....Cobbs Hill
Olcott, Mrs. Charles W.....305 Sunnyside

McNeely, Mrs. Matthew J.....Dillsboro (47018)
Fessler, Mrs. Gordon.....Rising Sun (47040)

Lawrenceburg
(*Zip Code* 47025)

Beres, Mrs. Joseph.....105 Meyer Rd.
Bonner, Mrs. Hugh J.....238 Short St.
Bowen, Mrs. Gerald.....24 Parkside Ave.
Conrad, Mrs. Henry.....370 Bielby Rd.
Houston, Mrs. Fred D.....533 Ludlow St.
Hunter, Mrs. Lowell.....2 Clinic Dr.
Morrison, Mrs. George.....36 DePerns Lane
Pfeifer, Mrs. James M.....550 Ludlow
Rhodes, Mrs. A. Keith.....Loretta Ave.
Streck, Mrs. Francis A.....547 Ridge Ave.
Weisenberger, Mrs. Brockton L.....912 Bielby Dr.

DECATUR COUNTY

Greensburg
(*Zip Code* 47240)

Acher, Mrs. Robert P.....446 E. Washington
Callaghan, Mrs. W. C.....403 Barachel Lane
Dickson, Mrs. Dale D.....700 N. East St.
Miller, Mrs. James C.....178 N. Michigan Ave.
Morrison, Mrs. J. Trevor....161 N. Michigan Ave.
Shaffer, Mrs. William R.....214 N. Franklin
Walker, Mrs. Louis A.....R. R. 5

Porter, Mrs. Edward A.....Westport (47283)

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John.....Daleville (47334)
Puterbaugh, Mrs. Karl.....Albany (47320)
Montgomery, Mrs. Lall G.
Box 149A, RFD 1, Gaston (47342)
Egger, Mrs. Ross.....603 N. 12th, Middletown (47356)
Owsley, Mrs. Guy...214 N. High St., Hartford City (47348)

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B.....W. Jackson St. Pike (08)
Alexander, Mrs. Jack.....2110 Lincolnshire
Anthony, Mrs. Harvey M.....822 W. Charles (05)
Ashburn, Mrs. Clarence....611 Beechwood (03)

B

Ball, Mrs. Clay A.....1015 Linden Ave.
Ball, Mrs. Philip.....2820 W. Main St.
Benken, Mrs. Lawrence.....1511 Riley Rd.
Bergwall, Mrs. Warren.....20 Burnell Dr.
Botkin, Mrs. Clyde G.....2904 Riverside Ave.
Botkin, Mrs. Thomas.....2500 Bethel Pike
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Stewart D.
R. R. 3, Hamilton Pk. (02)
Brown, Mrs. Thomas.....R. R. 6, Box 191 (02)
Burwell, Mrs. Stanley W.....3124 Gilbert
Butz, Mrs. Ralph O.....3824 Riverside Ave.

C

Clark, Mrs. Robert.....3124 University Ave.
Clauser, Mrs. Eldo H.....815 Wayne (03)
Clevenger, Mrs. Joseph H.
3200 Minnetristra Blvd. (03)
Cooper, Mrs. John F.....1700 Winthrop Dr.
Covalt, Mrs. Wendell E.....120 Berwyn Rd.
Cullison, Mrs. John.....2601 Parkway Dr.

D

David, Mrs. George.....1001 Rex (03)
Deutsch, Mrs. William.....3305 Riverside Ave.
Dietz, Mrs. David J.....3009 Riverside
Dunning, Mrs. Thomas..Greenbriar Apts. 35 (03)
Dutchman, Mrs. William R.....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick.....308 Wildwood

G

Geckler, Mrs. Charles E...1007 W. North St. (03)
Gibson, Mrs. Robert.....306 Taft Rd.
Gill, Mrs. Thomas A., Jr.....45 Warwick Rd.
Goodell, Mrs. Charles.....117 Forrest
Greiber, Mrs. Marvin.....310 Riley Rd.
Gustafson, Mrs. Milton H.....230 Stradling Rd.

H-I

Hall, Mrs. Robert S.....701 Brentwood
Hayes, Mrs. T. R.....19 Warwick Rd.
Henderson, Mrs. Ramon.....52 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Holmes, Mrs. John.....908 W. Gilbert (05)
Hostetter, Mrs. I. S.....300 Winthrop Rd.
Imhof, Mrs. J. D.....46 Warwick Rd.

K

Kalker, Mrs. Morton.....704 Greenbriar Rd.
Kammer, Mrs. Walter F.....1005 W. Parkway Dr.
Kim, Mrs. Joon.....1707 Meadowlark Lane
Ko, Mrs. Richard.....R. R. 3 (02)
Koch, Mrs. Edwin F., Jr.....2904 Ashland
Koss, Mrs. K. William.....707 Greenbriar
Kress, Mrs. James W.....3839 Riverside Ave.

L

Lawson, Mrs. Lawrence.....1504 Riley Rd.

M-N

Mathewson, Mrs. R. C.....R. R. 6 (02)
McCallister, Mrs. Larry.....25 Warwick Rd.
McClintock, Mrs. James A...3121 University Ave.
Montgomery, Mrs. Ralph.....2809 Godman Ave.
Moore, Mrs. Jack.....1904 Norwood (03)

Moore, Mrs. Thomas C....1011 E. Parkway Dr.
Morris, Mrs. J. W.....222 Stradling Rd.
Moss, Mrs. M. J.....1010 W. Parkway Dr.
Nelson, Mrs. Harold E.....3216 Torquay Rd.
Newnam, Mrs. Philip.....2500 Brooks Dr.

O

Osborne, Mrs. John.....3119 Petty Road
Owens, Mrs. Thomas.....608 E. Charles (05)

P-Q

Peacock, Mrs. Robert.....R. R. 3 (02)
Pippinger, Mrs. Joseph
2200 Twickingham Dr. (02)
Pippinger, Mrs. W. G.....1200 N. Tillotson
Quick, Mrs. William J.....Moore Rd., R. R. 7 (02)

R

Rettig, Mrs. Arthur..614 N. McKinley Ave. (03)
Rittmeyer, Mrs. Jack.....21 Berwyn Rd. (04)
Rivers, Mrs. Glynn.....307 Alden Rd.

S

Schulhof, Mrs. M. G.....921 W. Parkway Dr.
Searight, Mrs. Howard..R. R. 5, Burlington Drive (02)
Speck, Mrs. Carlson.....3208 University
Stanley, Mrs. John R.....2303 Redding (02)
Steele, Mrs. Frank M.....421 Bittersweet
Stibbins, Mrs. Warren E.....609 Brentwood
Stout, Mrs. Francis E.....102 Berwyn Rd. (04)

T

Taylor, Mrs. Donald.....8 Wildwood Lane
Tharp, Mrs. Donald.....3121 Petty Rd.
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

V-W

Voss, Mrs. Gert.....77 Warwick Rd.
Ware, Mrs. Herbert.....1700 Glen Ellyn
Wince, Mrs. Leland.....1709 Northfield

Y

Young, Mrs. G. S.....114 Berwyn Rd.

Hinchman, Mrs. Jean.....Parker (47368)
Hill, Mrs. Robert.....Yorktown (47396)
Walker, Mrs. Jack
R. R. 6, Box 385A, Yorktown (47396)
Weisner, Mrs. Richard....R. R. 1, Eaton (47338)

DUBOIS COUNTY

Barrow, Mrs. John H..Dale, P. O. Box 128 (47523)
Backer, Mrs. Henry George
Main St., Ferdinand (47532)
Bland, Mrs. Jack D.....Holland (47541)
Erhart, Mrs. Herbert G.....Ferdinand (47532)

Huntingburg
(*Zip Code* 47542)

Bretz, Mrs. John.....Orchard Ridge
Scales, Mrs. Alfred B.....Holland Rd.
Scales, Mrs. Allen D.....Cedar Heights
Stork, Mrs. Harvey K.....523 First St.

Jasper
(*Zip Code* 47546)

Beaven, Mrs. John.....910 W. 13th St.
Benages, Mrs. Anthony.....948 MacArthur
Gootee, Mrs. Francis.....R. R. 1
Gootee, Mrs. Thomas.....1328 Dorbett St.
Heck, Mrs. Martin C.....408 W. 15th
Held, Mrs. George A.....716 W. Ninth
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1344 Dorbett St.
Salb, Mrs. J. P.....R. R. 5
Wagner, Mrs. Arthur L.....825 W. 13th St.

ELKHART COUNTY

Bristol
(*Zip Code* 46507)

Neidballa, Mrs. E. G.....R. R. 1
Schlosser, Mrs. H. C.
Seven Gables, W. Vistula St., Box 57

Elkhart
(*Zip Code* 46514 *unless otherwise indicated*).

Atwood, Mrs. Wm. H., Jr.....320 Cedar St. (18)
Bender, Mrs. Robert L.....300 Robair Lane (18)
Benson, Mrs. James E.
1629 Rainbow Bend Blvd. (18)
Billings, Mrs. Elmer R.....2022 E. Jackson Blvd.
Bloom, Mrs. George R.....1100 E. Jackson Blvd.
Boling, Mrs. Richard C.....217 Riverdale Dr. (18)
Bowdoin, Mrs. George E.
3809 Greenleaf Blvd. (18)
Campbell, Mrs. Patrick B..1517 Meadow Lane (18)
Classen, Mrs. Pete R. C.
Prairie St. Rd., R. R. 4 (17)
Compton, Mrs. Walter A.
2225 Greenleaf Blvd. (18)
Cormican, Mrs. Herbert L.
1950 Rainbow Bend Blvd. (18)
Dovey, Mrs. Edward G., Jr.
1604 Springbrook Dr. (18)
Durham, Mrs. Thomas E.....135 S. Vine St. (18)
Echeverria, Mrs. Rodolfo E.
707 Hiawatha Dr. (17)
Elliott, Mrs. Thomas A.....2001 Stevens Ave.
Finfrock, Mrs. James D...608 S. West Blvd. (18)
Fleming, Mrs. Claude F.....229 W. Jackson Blvd.
Futterknecht, Mrs. James O.
2313 Morehouse Ave. (17)
Gattman, Mrs. G. Beach....1319 Lawn Ave. (18)
Hannah, Mrs. Jack W.....1906 E. Jackson Blvd.
Heminway, Mrs. Norman L.
1700 Rainbow Bend Blvd. (18)
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W...3333 Greenleaf Blvd. (18)
Hurley, Mrs. James William..3439 Calumet (18)
Jones, Mrs. Robert B.
1833 Rainbow Bend Blvd. (18)
Keating, Mrs. John U.....1416 Strong Ave. (18)
Kesim, Mrs. Mufit Husam..821 Hiawatha Dr. (17)
Kinter, Mrs. Burton E.
3520 E. Jackson Blvd. (17)
Kistner, Mrs. Arthur W.....R. R. 3, Box 81 (17)
Klassen, Mrs. Otto Dyck....R. R. 4, Box 504 (17)
Koehler, Mrs. Elmer George..615 N. Riverside Dr.
Krause, Mrs. Frederick....1001 St. Clair St. (17)
Lundt, Mrs. Milo O.....519 S. Second St.
Luther, Mrs. William C...1422 Kilbourn St. (18)
McArt, Mrs. Bruce A.....215 Jefferson St.
Mark, Mrs. George A.....908 Strong (18)
Markel, Mrs. Ivan J.....215 W. Franklin St.
Martin, Mrs. Charles F.....Aspen Drive (18)
Martin, Mrs. Paul H.....1519 Strong Ave. (18)
Miller, Mrs. Donald G..4634 W. Indiana Ave. (17)
Miller, Mrs. Galen R.....2229 Thorndale Ct. (17)
Miller, Mrs. Hugh A., Jr...417 Prospect St. (18)
Miller, Mrs. Samuel T.....174 Witmer Ave.
Mininger, Mrs. Edward P...1118 E. Jackson Blvd.
Mishkin, Mrs. Irving
1809 Rainbow Bend Blvd. (18)
Paff, Mrs. Wm. A.
1745 Rainbow Bend Blvd. (18)
Paine, Mrs. George E.....329 Meisner Ave. (18)
Pancost, Mrs. Vernon K.....160 Riverview Ave.
Parshall, Mrs. Dale B.....3538 Gordon Rd. (17)
Pletcher, Mrs. William D.....405 S. 2nd St.
O'Donovan, Mrs. Cornelius
2308 Broadmore Dr. (18)
Rouen, Mrs. Robert L.....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O.
R. R. 4, Oakland Ave. Rd. (17)
Rupel, Mrs. Dennis F.....3100 Benham Ave. (18)

Scheer, Mrs. Alexander L.
2109 W. Indiana Ave. (17)
Soaje-EchAgue, Mrs. Eliseo..410½ W. Franklin St.
Spitz, Mrs. Richard H...2910 Greenleaf Blvd. (18)
Spray, Mrs. Page E.....658 Kilbourn St. (18)
Stubbins, Mrs. William
1703 Rainbow Bend Blvd. (18)
Swihart, Mrs. Danny D..1219 Greenleaf Blvd. (18)
Swihart, Mrs. Homer R.....1621 E. Jackson Blvd.
Wilson, Mrs. Orley E...2505 Greenleaf Blvd. (18)
Work, Mrs. James A., Jr.....4 St. Joseph Manor
Yoder, Mrs. C. Richard....409 Prospect St. (18)
Zeitler, Mrs. Philip S.....1509 Meadow Lane (18)

Goshen

(*Zip Code* 46526)

Bender, Mrs. John M.....1303 E. Douglas St.
Bigler, Mrs. Frederick W.....124 Parmley Dr.
Chandler, Mrs. Leon H.....412 S. Fifth St.
Freeman, Mrs. Floyd M.....309 E. Washington St.
Gorham, Mrs. Charles E.....118 Gorham
Graber, Mrs. Virgil R.....R. R. 2, Box 107
Gunderson, Mrs. Shaun D.....R. R. 3
Haney, Mrs. Leslie.....R. R. 3
Hostetler, Mrs. Carl M.....1602 S. Eighth St
Kennedy, Mrs. Myron S.....1503 West Ave.
Krabill, Mrs. Willard S.....120 Carter Ave.
Martin, Mrs. Floyd S.....2301 S. Main St.
Massanari, Mrs. Walter S..2613 Martin Manor Dr.
Minter, Mrs. Donald L.....2604 Woodlawn
Smucker, Mrs. Ernest E.....R. R. 5, Bluff Rd.
Troyer, Mrs. Dana O.....1727 S. 13th St.
Turner, Mrs. John P.....507 Greene Road
Westfall, Mrs. George S.....2422 S. Main St.

Yoder, Mrs. Jonathan G..103 Brown St., Middlebury (46540)

Nappanee

(*Zip Code* 46550)

Kendall, Mrs. F. M.....654 Woodland
Price, Mrs. Douglas W.....607 E. Van Buren
Wenger, Mrs. James E.....555 E. John

DeFries, Mrs. John J.....New Paris (46553)
Fosbrink, Mrs. E. L.....218 S. Huntington, Box 157, Syracuse (46567)
Quilty, Mrs. Thomas J..R. R. 1, New Paris (46553)

Wakarusa

(*Zip Code* 46573)

Abel, Mrs. Robert.....105 E. Harrison
Guttman, Mrs. John B. 109 Broadview Dr.
Miller, Mrs. James R.....P. O. Box 421

FAYETTE-FRANKLIN COUNTIES

Brookville

(*Zip Code* 47012)

Seal, Mrs. Perry F.....901 Main
Smith, Mrs. H. N.....812 Main

Connersville

(*Zip Code* 47331)

Clark, Mrs. Helen Nevin.....401 Western Ave.
Ellis, Mrs. George M.....108 East 10th St.
Gregg, Mrs. Albert F.....900 Oak St.
Hudson, Mrs. Arlington M.....80 East Dr.
Kauffman, Mrs. Robert W.....R. F. D. 2
Kerrigan, Mrs. William F. R. F. D. 6
Lockhart, Mrs. Jack M.....54 West Dr.
Mountain, Mrs. Francis B.....1720 Virginia Ave.
Neukamp, Mrs. Frank H.....R. R. 6
Sanders, Mrs. Bertram W.....1533 Virginia Ave.
Steinem, Mrs. Joseph L.....R. R. 3
Watterson, Mrs. Gerald T.....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville

(*Zip Code* 47130)

Baxter, Mrs. S. M.....3100 Centralia Ct.
Gentile, Mrs. John P.....3405 Centralia Ct.
Sloan, Mrs. Herbert.....213 Lynnwood Dr.

New Albany

(*Zip Code* 47150)

Baker, Mrs. A. M.....2523 Glenwood Ct.
Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.
Best, Mrs. Maurice M.....1233 Vance Ave.
Bickers, Mrs. Everett E.....3325 Buffalo Trails
Brown, Mrs. K. H.....1654 Hedden Park
Buchman, Mrs. Marshall.....1824 State St.
Cannon, Mrs. Daniel H.....1203 E. Spring St.
Edwards, Mrs. W. F.....615 Beharrel Ave.
Garner, Mrs. Wm. H., Sr.....922 E. Spring St.
Garner, Mrs. William H., Jr.....1510 Sunset Dr.
Geyer, Mrs. Joseph H.....Silvercrest Hospital
Harris, Mrs. Leo C., Jr.....Silvercrest Hosp.
Hess, Mrs. P. Patrick.....1313 Ridgeway Ave.
Higgins, Mrs. John R.
Old Vincennes Rd., R. R. 2, Box 504
LaFollette, Mrs. Donald R.
Box 494-1, R. R. 2, Quarry Road
LaFollette, Mrs. Robert E.....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan.....R. R. 2, Box 500
Paris, Mrs. John M.....2003 Lindbergh Ct.
Pierce, Mrs. Gene S.....1425 Bellmeade Dr.
Robertson, Mrs. A. N.....323 E. Ninth St.
Ruoff, Mrs. William.....1109 Lafayette Dr.
Sonne, Mrs. Irvin H.....1607 Hedden Court
Streepey, Mrs. Jefferson I.....1919 DePauw Ave.
Voyles, Mrs. Harry.....425 Beharrel Ave.
Wallace, Mrs. Elmer L.....1804 DePauw Ave.
Wolfe, Mrs. Morton F.....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A.....2007 Graybrook Lane
Worley, Mrs. H. L.....1923 DePauw Ave.
Youngs, Mrs. Paul.....308 Ellen Ct.

Engleman, Mrs. Harry K.....Georgetown (47122)
Cook, Mrs. Melvin..62 N. Hill Drive, Floyds Knobs (47119)
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs (47119)

FULTON COUNTY

Miller, Mrs. Virgil C.....P. O. Box 37, Akron (46910)
Stinson, Mrs. Arthur E.....Athens (46912)
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver (46511)

Rochester

(*Zip Code* 46975)

Dielman, Mrs. Franklin C.....920 Jefferson St.
Herendeen, Mrs. Elbie V.....317 W. Seventh St.
Knochel, Mrs. Wayne.....1115 Washington St.
Richardson, Mrs. Chas. L.....R. R. 2, Box 276
Richardson, Mrs. Joseph D.....506 Pontiac St.
Rowe, Mrs. Howard H.....417 W. Ninth St.
Rusler, Mrs. William J.....R. R. 2
Stinson, Mrs. Dean K.....1318 Main St.

GIBSON COUNTY

Geick, Mrs. Raymond G...207 N. Main, Ft. Branch (47533)
Marchand, Mrs. Edwin V.....Haubstadt (47539)

Oakland City

(*Zip Code* 47560)

Clark, Mrs. Carl M.....123 Vine St.
Dye, Mrs. William E.....518 S. Jackson St.
Wood, Mrs. Russell W.....High St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F.....319 E. State St.
Folck, Mrs. John K.....528 N. Main St.
Graves, Mrs. Orville M.....125 W. Walnut St.
LinDaver, Mrs. David.....Petersburg Rd.
McCarty, Mrs. Virgil.....403 W. Spruce St.
McElroy, Mrs. Robert S.....404 W. Walnut St.
Noveroske, Mrs. Richard J.....Highway 64 East
Peck, Mrs. James F.....605 W. Monroe St.
Weitzel, Mrs. Roland E.....309 W. Spruce St.
Wells, Mrs. William R.....Broadview Addition

GRANT COUNTY

Marion
(*Zip Code* 46952)

Abell, Mrs. Charles F.....915 Wabash Ave.
Adams, Mrs. Luther.....V.A. Hospital
Alderfer, Mrs. Henry.....919 Euclid Ave.
Ansbacher, Mrs. Stefan.....1115 Overlook Rd.
Ayres, Mrs. W. W.....820 Jeffras Ave.
Bailey, Mrs. Douglas.....1316 Elm Lane
Bloom, Mrs. A. Ward.....610 River Rd.
Braunlin, Mrs. Robert.....P.O. Box 467
Brown, Mrs. Robert M.....825 Euclid Ave.
Comeau, Mrs. Wm. J.....918 Hawthorne
Cunningham, Mrs. Robert.....1017 Euclid Ave.
Davis, Mrs. Joseph B.....1315 Sheridan Rd.
Davis, Mrs. Merrill S.....723 Euclid Ave.
Donaldson, Mrs. Miles.....1116 Spencer Ave.
Dunbar, Mrs. Fred.....902 Hawthorne Rd.
Eshleman, Mrs. L. H.....129 N. Washington
Fisher, Mrs. Henry.....R. R. 4
Fisher, Mrs. Pierre J., Jr.....R. R. 1
Fuelling, Mrs. James.....R. R. 2, Box 199
Ganz, Mrs. Max.....904 Jeffras Ave.
Goldsmith, Mrs. David.....1225 Jeffras Ave.
Grant, Mrs. Arthur M.....3602 Wildwood Dr.
Huff, Mrs. Asher.....110 North E. St.
Hummel, Mrs. R. M.....2411 Lommel Lane
Jarrett, Mrs. John C.....3418 Wildwood Dr.
Lahr, Mrs. Richard.....815 Jeffras Ave.
Lavengood, Mrs. Russell W.....Charles Rd. R. R.
Lonngren, Mrs. Dudley.....611 Cardinal Lane
Love, Mrs. V. Logan.....808 Crossway
Miller, Mrs. H. Allison.....1010 W. Fourth St.
Musselman, Mrs. L. K.....R. R. 5, Box 239
Pattison, Mrs. John D.....1315 Elm Lane
Pearcy, Mrs. Marcene.....712 Buckingham Dr.
Powell, Mrs. J. P.....127 River Dr.
Reid, Mrs. James D.....505 Buckingham Dr.
Renbarger, Mrs. Lester.....2111 Wabash Pike
Rhamy, Mrs. Arthur.....1230 Euclid Ave.
Rhorer, Mrs. John G.....711 Wabash Ave.
Richardson, Mrs. Jos. H.....911 River Dr.
Schroeder, Mrs. Robert W.....2123 S. Boots St.
Simmons, Mrs. Frederick H.....2607 Beech Lane
Skomp, Mrs. Claud E.....1123 Euclid Ave.
Smith, Mrs. Barton T.....515 Val Lane
Stenger, Mrs. R. H.....227 North E. St.
Thompson, Mrs. B. Jay.....123 River Dr.
Thompson, Mrs. J. R.....1916 James Rd.
Walton, Mrs. R. Lee.....607 Cardinal Lane
Warren, Mrs. Carroll B.....1211 Euclid Ave.
Watkins, Mrs. James K.....620 W. 6th St.
Wilson, Mrs. Ned.....1509 Matter Park Rd.
Woodbury, Mrs. J. W.....709 W. 4th
Young, Mrs. Robert G.....1207 Northwood Dr.

Malott, Mrs. Fred.....Converse (46919)
Yale, Mrs. Charles.....Fairmount (46928)
Garrison, Mrs. L. J.....515 E. Main St., Gas City (46933)
Koontz, Mrs. William A.....334 E. Main, Gas City (46933)
Shoemaker, Mrs. Richard L.....211 E. South "A," Gas City (46933)
Baskett, Mrs. R. J.....412 S. Main St., Jonesboro (46938)
Taylor, Mrs. E. C.....Upland (46989)
Rifner, Mrs. Eugene.....Van Buren (46991)
McIlwain, Mrs. Robert.....Warren (46792)

HAMILTON COUNTY

Karlick, Mrs. Joseph R.....Arcadia (46030)
Donahue, Mrs. C. M.
140 E. Main St., Carmel (46032)
Thomas, Mrs. W. Clayton
80 4th Ave. S.E., Carmel (46032)

Noblesville
(*Zip Code* 46060)

Ambrose, Mrs. J. C.....298 N. Ninth St.
Blackburn, Mrs. Howard..14010 Allisonville Rd.
Hash, Mrs. John S.....R. R. 4
Haywood, Mrs. John G.....Craig Highlands
Kraft, Mrs. Haldon C.....15075 Allisonville Rd.
Lanning, Mrs. R. Adrian.....R. R. 2
Lloyd, Mrs. Joe R.....559 Sunset Dr.
Shanks, Mrs. Ray W.....14050 Allisonville Rd.

Manhart, Mrs. Doyle B.....R. R. 2, Sheridan (46069)
Newby, Mrs. Eugene.....R. R. 1, Sheridan (46069)
Waitt, Mrs. Paul.....406 E. Fifth St., Sheridan (46069)
Connoy, Mrs Andrew.....Westfield (46074)
Connoy, Mrs. Leo....139 N. Union St., Westfield (46074)

HANCOCK COUNTY

Johnston, Mrs. W. R.....Charlottesville (46117)
Scott, Mrs. Robert.....Charlottesville (46117)
Garrison, Mrs. James.....Cumberland (46229)
Rhynearson, Mrs. Hal R..235 Merrill St., Fortville (46040)

Greenfield
(*Zip Code* 46140)

Allen, Mrs. Joseph.....210 E. Lincoln
Anderson, Mrs. James T.....311 Madison Dr.
Beeson, Mrs. Wilbur.....209 N. Penn
Endicott, Mrs. Wayne.....115 McClelland
Farrell, Mrs. John J., Jr.....North St., Rd. 9
Henn, Mrs. R. Anthony.....137 W. Michigan
Hunter, Mrs. Donn R.....830 Oak Blvd.
Kinneman, Mrs. Robert E.....120 McClelland Dr.
Kirby, Mrs. Ted C.....122 Grandison Rd.
Moenning, Mrs. John E.....1517 Bowman Dr.
Rea, Mrs. Ralph L.....Greenfield
Singco, Mrs. Bienvenido O.....325 E. North St.
Smith, Mrs. John H.....144 Grandison Rd.
Vingis, Mrs. Bronie A.....705 N. State St.
Woods, Mrs. James R.....715 N. East St.

Freeborn, Mrs. Warren
11626 Indian Creek Rd., Indianapolis (46236)
Pierson, Mrs. Thomas A...New Palestine (46163)
Cagle, Mrs. Robert.....New Palestine (46163)
Miller, Mrs. Joseph A.....R. R. 12, Box 230 Y, Oaklandon (46236)
Kuhn, Mrs. Robert.....Wilkinson (46186)

HENDRICKS COUNTY

Black, Mrs. James...8 Green Acre Ct., Brownsburg (46112)
Foltz, Mrs. Lloyd.....North Ridge, Brownsburg (46112)
Scudder, Mrs. A. N.....24 N. Grant, Brownsburg (46112)
Walker, Mrs. Thomas..Fairfield Hts., Brownsburg (46112)

Danville
(*Zip Code* 46122)

Chase, Mrs. Thomas P.....R. R. 1, Box 117-C
Cheesman, Mrs. Donald D.....37 Orchard Lane
Gibbs, Mrs. Joseph W.....445 E. Mill St.
Heinlein, Mrs. Carl L.....540 S. Cross
Kirtley, Mrs. Robert W.....R. R. 3, Box 196
Koch, Mrs. Elmer.....301 S. Bowen
Terry, Mrs. Lloyd.....292 W. Marion

Ellis, Mrs. L. Hall.....Lizton (46149)
Karpel, Mrs. Bernard..R. R., Mooresville (46158)
Scamahorn, Mrs. Malcolm O....Pittsboro (46167)

Plainfield
(*Zip Code* 46168)

Aiken, Mrs. Milo M.....140 N. Center
Cohen, Mrs. Irving.....645 E. Main St.
Haggard, Mrs. David B.....R. R. 2, Box 232
Stafford, Mrs. William C.....625 S. East St.
Warbinton, Mrs. Fred P.....680 Avon Rd.

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Amos, Mrs. Robert L.....924 Lincoln Ave.
Bledsoe, Mrs. James.....Hillsboro Rd.
Brock, Mrs. J. T.....St. Rd. 36 East
Burnett, Mrs. Arthur B.....801 Melody Lane
Cain, Mrs. David R.....3701 S. Memorial Dr.
Das, Mrs. Amal K.....100 Van Nuys Rd.
Dye, Mrs. Cloyd L.....R. R. 5
Easter, Mrs. James N.....1112 Audubon Rd.
Fisher, Mrs. John E.....1135 Woodlawn Dr.
Foster, Mrs. Ray T.....420 N. Main St.
Harrison, Mrs. Benjamin L.....233 Bundy Ave.
Heilman, Mrs. William C., Jr...1112 St. James Ct.
Hill, Mrs. Kenneth G.....707 Lelene
Iterman, Mrs. George.....729 I Ave.
Kennedy, Mrs. W. U.....701 S. 14th St.
Life, Mrs. Homer L.....1107 St. James Ct.
McDonald, Mrs. Frank C.....527 S. Main St.
McElroy, Mrs. James S.....1213 Audubon Rd.
McKee, Mrs. Roy.....Parkplace
Murray, Mrs. William E.....100 Van Nuys Rd.
Saint, Mrs. William.....705 Hawthorn Rd.
Smith, Mrs. Mark.....631 S. 11th St.
Steussy, Mrs. Calvin N.....601 Hoosier Dr.
Stout, Mrs. Walter M.....1103 Audubon Rd.
Stricker, Mrs. Paul J.....719 Fair Oaks Dr.
Vivian, Mrs. Donald E.....2715 Fair Oaks Dr.
Wiggins, Mrs. D. S.....219 S. 12th St.
Wilhelm, Mrs. Guido P.....1114 Lincoln Ave.

Clark, Mrs. M. E.....R. R., Milton (47357)
Wiatt, Mrs. Leonard H.
108 N. Wash. St., Knightstown (46148)
Stauffer, Mrs. George E.....Mooreland (47360)
Marshall, Mrs. Lloyd....Walnut St., Mt. Summit (47361)
Robertson, Mrs. William S.....213 W. Main St., Spiceland (47385)

HOWARD COUNTY

Smith, Mrs. Charles
10512 Spring Hill Dr., R. R. 1, Carmel (46032)
Denton, Mrs. Larkin D....S. Meridian, Greentown (46936)
Shoup, Mrs. E. M.....R. R. 2, Willow Acres, Greentown (46936)

Kokomo
(*Zip Code* 46901 *unless otherwise indicated*).

Adams, Mrs. C. J.....1216 W. Superior
Althoff, Mrs. William.....2501 S. Wabash (02)
Alward, Mrs. J. H.....401 W. Walnut
Artis, Mrs. Myrle E.....900 E. Broadway
Ault, Mrs. Carl H.....3015 Dellwood Dr. (02)
Bowers, Mrs. Copeland C.....1530 W. Taylor
Bowers, Mrs. Garvey B.....421 Morningside
Bowers, Mrs. John A.....1535 W. Jefferson
Bradley, Mrs. Richard V.....3210 Janice Dr. (02)
Bruegge, Mrs. Theodore J.....2225 S. Wabash
Cattell, Mrs. Lee M.....1235 W. Sycamore
Clarke, Mrs. Elton R.....4320 W. Sycamore
Conley, Mrs. Thomas M...2811 Dellwood Dr. (02)
Craig, Mrs. R. A.....4105 W. Sycamore Rd.
Craig, Mrs. Reuben.....410 S. Hickory Lane
Cuthbert, Mrs. F. S.....1027 W. Walnut
DeBrota, Mrs. John, Jr.....3114 Orleans Ct. (02)
Doss, Mrs. Jerome....137 Westmoreland Drive E.
Earl, Mrs. Max M.....2210 S. Wabash
Elleman, Mrs. Jack.....414 W. Mulberry
Ericson, Mrs. Homer S.....124 Leafy Lane (02)
Farrell, Mrs. T. Edwin..3816 Red Bud Lane (02)
Ferry, Mrs. Paul W.....1207 W. Sycamore
Fields, Mrs. Donald L.....3021 Mayfair (02)
Frazier, Mrs. Jack L.....3208 Tally Ho Dr.
Fretz, Mrs. Richard C.....4701 Mayfield Dr.
Golper, Mrs. Marvin N.....411 Morningside Dr.
Good, Mrs. Richard P.....227 N. Forest Dr.
Grothouse, Mrs. Carl B.....925 Bellevue Place
Guin, Mrs. Jere D.....4401 N. Parkway
Halfast, Mrs. Richard W.
2505 Katherine Ave. (02)
Harshman, Mrs. James.....4400 Mayfield Dr.
Higgins, Mrs. Jack W.....511 W. Markland Ave. (01)
Hutto, Mrs. William H...4815 West Sycamore Rd.
Jewell, Mrs. G. M.....1318 W. Sycamore
Kremers, Mrs. George A.....2401 S. Wabash (02)
Lehman, Mrs. David P.....4501 Parkway
Longshore, Mrs. Robert E.....145 Westmoreland
McClure, Mrs. Warren N.....309 Lody Lane
McIndoo, Mrs. R. E.....820 W. Walnut
Mendelson, Mrs. Stanley M...2325 S. Wabash(02)
Michael, Mrs. Robert L.....4610 W. Sycamore Rd.
Moore, Mrs. John M.....813 Melody Lane (02)
Morrison, Mrs. W. R.....413 Conradt Ave.
Murray, Mrs. Ernest C.....2200 S. Webster (02)
Paris, Mrs. Durward W..2417 S. LaFountain (02)
Perkins, Mrs. P. L.....Miller Wood Lane
Phares, Mrs. Robert W. 1712 S. Malfalfa Rd. (02)
Prather, Mrs. Philip E.....123 Magnolia Dr.
Radpour, Mrs. Shokri.....4509 Mayfield Dr.
Rinehart, Mrs. James.....2504 Katherine (02)
Rudicel, Mrs. Max W.....321 Kingston Rd.
Schwartz, Mrs. F. C.....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo....3725 Red Bud Lane (02)
Shenk, Mrs. Earl M.....306 N. Webster
Sorenson, Mrs. Raymond..4301 Miller Wood Lane (02)
Tate, Mrs. James...3820 Alameda Blvd. Apt. 79 (02)
Tofaute, Mrs. John L.....1721 W. Walnut St.
Townley, Mrs. Normand.....3204 Orleans
Van Denbark, Mrs. Howard M....5908 Yale Blvd. (02)
Wachob, Mrs. Tom W., Jr.....806 James Dr. (02)
Walton, Mrs. F. Richard....317 N. Armstrong
Wilson, Mrs. Norman K.....3201 Janice Dr. (02)

Evans, Mrs. Robert W.....Russiaville (46979)

HUNTINGTON COUNTY

Huntington
(*Zip Code* 46750)

Brubaker, Mrs. Harold S.....721 Flaxmill Rd.
Clark, Mrs. Joseph H.....R. R. 9
Clunie, Mrs. Wm. A.....R. R. 9
Cope, Mrs. Stanton E.....1022 N. Jefferson St.
Doermann, Mrs. Paul E.....Grimm Rd.
Eviston, Mrs. J. Boyd.....1362 Poplar St.
Gill, Mrs. D. Richard.....6 Northway Dr.

Grayston, Mrs. Wallace S.....303 E. Market St.
Marks, Mrs. Howard H.....1120 N. Jefferson St.
Meiser, Mrs. Robert D.....1738 Cherry St.
Miller, Mrs. Wayne S.....R. R. 8
Mitman, Mrs. Floyd B.....1470 Poplar St.
Peare, Mrs. Reeve B.....1517 Cherry St.
Van Campen, Mrs. Warren.....1137 Cherry
Wagner, Mrs. Richard W.....Old Andrews Rd.
Wheeler, Mrs. Barth E.....1525 Cherry St.

Cooper, Mrs. B. Trent.....Roanoke (46783)
Bennett, Mrs. J. B.....Warren (46792)

JACKSON-JENNINGS COUNTIES

Brownstown
(*Zip Code* 47220)

Gillespie, Mrs. G. R.....710 Commerce
Scharbrough, Mrs. William.....R. R. 2
Shields, Mrs. Jack.....
Shortridge, Mrs. Wilbur.....R. R. 1

Crothersville
(*Zip Code* 47229)

Adair, Mrs. W. K.....208 S. Armstrong
Bard, Mrs. Frank B.....305 E. Howard

North Vernon
(*Zip Code* 47265)

Berkshire, Mrs. Shaffer.....121 W. Long St.
Calli, Mrs. Louis J.....408 S. State
Ellis, Mrs. Forrest D.....130 W. Long St.
Johnson, Mrs. William A.....318 Jennings St.
Thayer, Mrs. Benet.....214 Jennings St.

Seymour
(*Zip Code* 47274)

Baxter, Mrs. Harry..710 West Dr., Sunset Pkwy.
Black, Mrs. J. M...671 Braewick Rd., Sunset Pkwy.
Bobb, Mrs. Kenneth E.....465 Lasher Dr.
Bosch, Mrs. Ralph O..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin.....515 W. Sixth St.
Graessle, Mrs. H. P...640 East Dr., Sunset Pkwy.
Kamman, Miss Martha.....332 W. Oak St
Martin, Mrs. Guy.....1408 Ewing St.
Ripley, Mrs. John W.....2001 Ewing St.
Templeton, Mrs. Ian.....348 Carter Blvd.
Wiethoff, Mrs. C. A...615 West Dr., Sunset Pkwy.

Knotts, Mrs. Slater....R. R. 3, Columbus (47201)

JASPER COUNTY

Schantz, Mrs. Richard
418 S. Kentucky St., Remington (47977)

Rensselaer
(*Zip Code* 47978)

Beaver, Mrs. Raymond E.....111 Thompson St.
Jones, Mrs. Edwin F.....406 Milton
O'Brien, Mrs. Francis E.....530 Park Ave.
Ockermann, Mrs. Kenneth R.....202 Home St.
Williams, Mrs. Paul A.....402 N. Weston St.

JAY COUNTY

Andrews, Mrs. Frank....R. R. 2, Geneva (46740)
Donnally, Mrs. George....R. R. 1, Geneva (46740)
Pretorius, Mrs. Walter.....Fort Recovery, Ohio (45846)
Shroyer, Mrs. Herbert..R. R. 2, Dunkirk (47336)

Portland
(*Zip Code* 47371)

Cripe, Mrs. William H.....507 W. High St.
Fitzpatrick, Mrs. James S.....405 W. Race St.
Gillum, Mrs. Eugene.....W. Votaw St
Keeling, Mrs. F. E.....609 W. Race St.
Lopez, Mrs. Alfonso.....1160 W. Walnut St.
Schenck, Mrs. Ralph.....R. R. 2, W. 7th St.
Spahr, Mrs. Donald E.....615 W. Race St.
Steffy, Mrs. Ralph M.....321 E. Race St.
Vormohr, Mrs. Joseph F.....1011 S. Meridian St.

JOHNSON COUNTY

Franklin
(*Zip Code* 46131)

Andrews, Mrs. Hugh K.....R. F. D. 4
Bullers, Mrs. Robert C.....395 S. Home Ave.
Bullington, Mrs. George.....R. F. D. 4
Chappel, Mrs. A. T.....1101 North Dr.
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph F.....1000 E. King St.
Foster, Mrs. R. H. K.....1025 Orchard Lane
Harvey, Mrs. Harry.....Methodist Home
Hibbs, Mrs. W. G.....R. F. D. 1
Jones, Mrs. Charles A.....1010 E. Adams Dr.
Mock, Mrs. Harry E.....201 E. Monroe St.
Murphy, Mrs. Harry E.....422 N. Walnut St.
Province, Mrs. Wm. D.....51 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson St.
Records, Mrs. John M.....1138 Orchard Lane
Reynolds, Mrs. Paul.....R. R. 4
Ritteman, Mrs. George.....R. R. 3, Box 19A
Stogsdill, Mrs. W. W.....R. R. 4
Walters, Mrs. Jack L.....1205 E. Jefferson St.
Waymire, Mrs. Wm. M.....21 South Dorm Dr.
Wesemann, Mrs. Merrill M.....17 Morning Dr.

Greenwood
(*Zip Code* 46142)

Brown, Mrs. George E.....404 Beech Park Dr.
Link, Mrs. Charles.....208 S. Fairview
Ogle, Mrs. Robert.....474 W. Wiley
Sheek, Mrs. Kenneth I.....407 S. Forest Dr.
Tiley, Mrs. George.....40 N. Madison
Young, Mrs. Joseph W.....904 Beech Park Dr.

KNOX COUNTY

Vincennes
(*Zip Code* 47591)

Anderson, Mrs. John B.....1202 Busseron St.
Anderson, Mrs. Richard M.....Monroe City Rd.
Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1315 McDowell Rd.
Black, Mrs. Boyd K.....1008 State Road 67-N
Cantwell, Mrs. E. R.....Old Bruceville Rd.
Chattin, Mrs. Herbert O.....729 Main St.
Coffel, Mrs. Melvin H.....Simpson Lake
Combs, Mrs. Daniel.....110 Seminole
Corsentino, Mrs. Bart E.....110 State Road 67
Curtner, Mrs. Myron L.....216 N. Sixth St.
Edwards, Mrs. Edward T., Jr.....702 Vigo St.
Ewing, Mrs. N. D.....Monroe City Rd.
Hendrix, Mrs. Charles.....1202 E. Sycamore
Jacqmain, Mrs. Ralph J.....Monroe City Rd.
McCormick, Mrs. Hubert D.....518 N. Fourth St.
McDowell, Mrs. M. M.....1322 Audubon Rd.
Miller, Mrs. Charles L.....P. O. Box 201
Nichols, Mrs. Robert J.....1906 John R. Rd.
Parmenter, Mrs. Harry B.....205 Elm Lane
Reilly, Mrs. James F.....401 Buntin St.
Shaffer, Mrs. Kenneth L.....2600 Ridge Rd.
Shanklin, Mrs. Jack L.....1545 Barnett Lane
Smith, Mrs. S. Joseph.....504 N. Fourth St.
Spencer, Mrs. Frederic.....902 Perry St.
Stein, Mrs. Richard H.....1209 Old Orchard Rd.
Stewart, Mrs. Frank W.....Hillcrest Rd.
Sullenger, Mrs. A. A.....803 Seminary
Vaughn, Mrs. Walter R.....2018 Prospect Ave.
Von der Lieth, Mrs. William C....Monroe City Rd.
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone (46539)
Wilson, Mrs. Wymond B...P. O. Box 421, Mentone (46539)
Hursey, Mrs. Virgil G.....Milford (46542)
Pierson, Mrs. Pearl H.....R. R. 1, Silver Lake (46982)
Baum, Mrs. John R.....307 7th St., Winona Lake (46590)

Warsaw

(*Zip Code* 46580)

Arford, Mrs. John E.....1319 E. Center St.
Cron, Mrs. William J.....1548 Country Club Dr.
Dormire, Mrs. Robert.....R. R. 2
Hashemi, Mrs. Hossein.....1306 Ranch Rd.
Haymond, Mrs. George M...945 Country Club Dr.
Hogle, Mrs. Frank.....R. F. D. 2
Keough, Mrs. Thomas F.....322 N. Lake St.
Laird, Mrs. L. A.....1816 E. Sheridan
Murphy, Mrs. Samuel C.....216 South High St.
Reed, Mrs. E. A.....1219 E. Main St.
Shrader, Mrs. Carl.....Spring Hill Acres
Snider, Mrs. Ronald P.....Springhill Acres
Thomas, Mrs. E. Winton.....711 E. Main St.

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Babcoke, Mrs. Gary.....R. R. 4, Box 410
Misch, Mrs. William A.....R. R. 4, Box 58

Crown Point

(*Zip Code* 46307)

Carpenter, Mrs. B. F..R.R. 4, Wildwood, 120th Ave.
Gutierrez, Mrs. P. E.....729 Williams Dr.
Han, Mrs. Daniel.....Rt. 7, Box 138K
Horst, Mrs. William.....468 Lake St.

East Chicago

(*Zip Code* 46314)

Campagna, Mrs. E. A.....4320 Ivy St.
Ernst, Mrs. H. C.....4219 Baring Ave.
Grosso, Mrs. William.....4132 Northcote
Gustaitis, Mrs. John W.....4318 Parrish Ave.
Niblick, Mrs. James S.....4115 Fir St.
Romero, Mrs. Plinio.....2103 Franklin St.
Serna, Mrs. Jesus A.....4316 Parrish Ave.
Shapiro, Mrs. Joseph.....4214 Parrish Ave.

East Gary

(*Zip Code* 46405)

Markle, Mrs. Joseph G.....3143 Ripley

Gary

(*Zip Code* 464 *plus zone number*)

Almquist, Mrs. C. O.....550 Lincoln St. (02)
Amico, Mrs. P. J.....2119 W. 50th Place (08)
Bills, Mrs. R. J.....410 Roosevelt St. (04)
Bills, Mrs. Robert N.....534 Lincoln St. (02)
Brady, Mrs. Samuel J.....451 Garfield St. (04)
Brincko, Mrs. John.....3537 Harrison St. (08)
Carbone, Mrs. Joseph A.....526 Johnson St. (02)
Duncan, Mrs. J. S.....710 Garfield St. (04)
English, Mrs. Hubert M.....575 Taft St. (04)
Fadell, Mrs. M. J.....701 W. 55th St. (08)
Gallinatti, Mrs. J. J.....7413 Locust St. (03)
Glover, Mrs. W. J.....3540 Tyler St. (08)
Goldberg, Mrs. Harold B...825 W. 35th Ave. (08)
Goldstone, Mrs. Adolph....1430 W. 7th Ave. (02)
Goldstone, Mrs. Arthur....3578 Buchanan (08)
Goldstone, Mrs. Joseph....339 W. 35th Ave. (08)
Gregoline, Mrs. Eugene.....330 Taney (04)
Hadey, Mrs. James H.....505 Taft St. (04)
Halley, Mrs. Robert.....435 W. 55th St. (08)
Jahns, Mrs. Albin A.....655 Roosevelt (04)
Kaltenthaler, Mrs. Albert....5981 Grant Pl. (08)
Kobrin, Mrs. Meyer W.....2300 W. 6th Ave. (04)
Kolettis, Mrs. J. G.....847 W. 35th St. (08)
Kopcha, Mrs. Joseph E.....650 Pierce St. (02)
Lazo, Mrs. Vicente.....707 Harrison St. (02)
Lorenty, Mrs. Thaddeus B.....3654 Madison (08)
Lytwakiwsky, Mrs. Anatol..8700 Forest Ave. (03)
Manalo, Mrs. F. S.....538 Lincoln St. (02)
Marcus, Mrs. M. C.....8641 Lakeshore Dr. (03)
Mather, Mrs. J. Winford..7224 Maple Ave. (03)
Matsis, Mrs. John.....3520 Polk St. (08)
May, Mrs. R. Milton.....667 Van Buren St. (02)
Mayorga, Mrs. Alfredo.....5606 Grant St. (08)
Milos, Mrs. Robert.....725 Fillmore St. (02)
Morris, Mrs. J. A.....2401 W. 6th Ave. (04)
Moswin, Mrs. Jack A.....701 Arthur St. (04)
Oberlander, Mrs. Seymour....400 S. Grand Blvd. (03)
Olson, Mrs. L. Dale.....716 Grant St. (04)
Ornelas, Mrs. Joseph P...6339 Oakwood Lane (08)
Pappas, Mrs. Edward T.....569 Pierce St. (02)
Platis, Mrs. James.....2511 W. 58th Ave. (08)
Poracky, Mrs. Bernard F.....5598 Van Buren St. (08)
Radigan, Mrs. Leo R.....6624 Birch St. (06)
Robinson, Mrs. Walter K..500 N. Montgomery St. (03)
Rubin, Mrs. Simon S.....2131 W. Fifth Ave. (04)
Sala, Mrs. Joseph.....2333 W. 55th Ave. (04)
Schulz, Mrs. Kurt J.....5814 Roosevelt St. (08)
Scully, Mrs. John T.....715 Johnson St. (02)
Senese, Mrs. Thomas.....581 Johnson (02)
Shevick, Mrs. Alexander....733 Fillmore St. (02)
Slama, Mrs. Geo.....3520 Polk St. (08)
Spellman, Mrs. Frank W.....6941 Ironwood Ave. (03)
Stimson, Mrs. Harry R...4338 Jefferson St. (08)
Thomas, Mrs. Gerald J.....631 Miami (03)
Valencia, Mrs. M. M.....7700 Hemlock (03)
Volan, Mrs. Geo. J...430 South Grand Blvd. (03)
Yast, Mrs. Charles J.....740 Fillmore (02)
Yocum, Mrs. P. S., Jr.....4300 Adams (08)
Young, Mrs. George M..4580 Washington St. (08)
Zucker, Mrs. Edward....7009 E. First St. (03)

Griffith

(*Zip Code* 46319)

Lundeberg, Mrs. Ralph A.....1211 N. Harvey
Riordan, Mrs. John.....318 W. Glen Park Ave.
Siekierski, Mrs. J. M.....445 N. Broad Street

Hammond

(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael L..6237 Forest Ave. (24)
Barron, Mrs. Elmer A.....6635 Kansas (23)
Beconovich, Mrs. Robert....6540 Forest Ave. (24)
Cotter, Mrs. Edward R..7225 Knickerbocker Pkwy. (23)
Eggers, Mrs. H. W.....6542 Hohman (20)
Egnatz, Mrs. Nicholas....820 Highland St. (20)
Elledge, Mrs. Ray.....6415 Forest Ave. (24)
Fischer, Mrs. Burnell.....49 Indi-Illi Park (24)
Fox, Mrs. J. M.....7031 Forest Ave. (24)
Gevirtz, Mrs. Milton B...7142 Hohman Ave. (24)
Grabow, Mrs. E. F.....6347 Moraine (24)
Hack, Mrs. Edmund C.....7147 Olcott St. (23)
Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker (23)
Husted, Mrs. Robert G...7248 Forest Ave. (24)
Jones, Mrs. E. S.....50 Kenwood St. (24)
Koransky, Mrs. David S...7048 Forest Ave. (24)
Kretsch, Mrs. Russell W...7214 Hohman Ave. (24)
Marks, Mrs. Ora L.....7111 Olcott Ave. (23)
Mason, Mrs. Richard L.....6915 Magoun (23)
Modjeski, Mrs. Joseph R. 7327 Knickerbocker Pkwy. (23)
Neal, Mrs. L. W.....7301 Forest Ave. (24)
Panares, Mrs. Solomon V.....4 172nd Pl. (24)
Peck, Mrs. Edward A.....6422 Moraine Ave. (24)

Pilot, Mrs. Jean..7137 Knickerbocker Pkwy. (23)
Polite, Mrs. Nicholas L.....7320 California (23)
Ramker, Mrs. Daniel T...7129 Arizona Ave. (23)
Remich, Mrs. Antone C...6412 Moraine Ave. (24)
Repay, Mrs. W. A..7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W.....7126 Forest Ave. (24)
Rosevear, Mrs. Henry J...6531 Forest Ave. (24)
Row, Mrs. Perrie Q.....6712 Hohman Ave. (24)
Rubright, Mrs. Robert L...7258 Forest Ave. (24)
Rudolph, Mrs. F. G.....6607 Forest Ave. (24)
Schlesinger, Mrs. Daniel J..6633 Forest Ave. (24)
Schulfer, Mrs. R. J.....1045 River Dr. (24)
Stern, Mrs. S. Lewis.....226 Oakwood (24)
Thegze, Mrs. George A.....7435 Olcott Ave. (23)
Trachtenberg, Mrs. Lee.....7226 Tilly Dr. (24)

Highland

(*Zip Code* 46322)

Bacevich, Mrs. A. J.....8737 Parkway Dr.
Beilke, Mrs. C. A.....8723 Parkway Dr.
Dumanian, Mrs. Ara V.....8949 Lawndale
Reed, Mrs. Ronald.....2145 Lincoln
White, Mrs. G. H., Jr.....8754 Parkway Dr.

Hobart

(*Zip Code* 46342)

Bernard, Mrs. Marvin R.....6430 Grand Blvd.
Carter, Mrs. J. C.....400 S. Wabash
Doneff, Mrs. Ronald H.....R. R. 1, U.S. 6
Faulkner, Mrs. Donald.....295 S. California
Kellar, Mrs. Philip E.....1331 Lincoln St.
Krsek, Mrs. Archie.....1216 State St.
Penn, Mrs. Robert A.....3901 E. 34th Court
Reed, Mrs. John.....445 Kelley
Stookey, Mrs. Richard.....1124 S. State St.

Munster

(*Zip Code* 46321)

Alt, Mrs. Edward M. Jr.....8804 Baring
Angel, Mrs. Virgil E.....8638 Baring
Arbeiter, Mrs. Herbert I.....119 Beverly Place
Arrowsmith, Mrs. James L.....8138 Forest Ave.
Benchik, Mrs. Frank A.....8326 Hawthorne Dr.
Bombar, Mrs. Leslie E.....8318 Oakwood
Boys, Mrs. F. F.....8517 Crestwood Ave.
Branco, Mrs. Arthur M.....8004 Monroe
Chael, Mrs. Tom C.....225 Belmont Place
Costello, Mrs. Albert J.....1404 Fisher
DePorter, Mrs. L. A.....1538 Melbrook Drive
Egnatz, Mrs. Charles D.....1436 Janice Lane
Espino, Mrs. J. C.....8523 Forest Ave.
Fetrow, Mrs. Kenneth O.....232 Beverly Place
Fleischer, Mrs. J. C.....8345 Northcote
Gardiner, Mrs. H. Glenn.....1406 McArthur
Goldenberg, Mrs. M. B.....8551 Manor Drive
Harvey, Mrs. David M.....8013 Monroe
Howard, Mrs. Wm. H.....8417 Parkview
Hehemann, Mrs. W. V.....8718 Northcote
Kenney, Mrs. Francis.....8131 Forest Ave.
Kmack, Mrs. Chester J.....1705 Wilson
Kuhn, Mrs. Arthur J.....1535 35th St.
Lanman, Mrs. John U.....1321 Elliott Dr.
Lautz, Mrs. Herbert A.....7943 Forest Ave.
Long, Mrs. Keith J.....1327 Ridgeway
Madlang, Mrs. R. M.....7750 Hohman Ave.
Marks, Mrs. Salvo P.....8320 Parkview Ave.
Marshall, Mrs. W. J.....1306 Elliott Dr.
Mason, Mrs. John C.....7939 Jackson
McLean, Mrs. James S.....1836 Ridge Rd.
Modjeski, Mrs. Raymond J.....1448 Elliott Dr.
Montes, Mrs. H.....7915 Hohman Ave.
Morris, Mrs. W. H., Jr.....8044 Forest Ave.
Paul, Mrs. Eudell G.....7905 Hohman Ave.
Rasch, Mrs. George C.....1519 35th St.
Rosenthal, Mrs. Carl.....8330 Schrieber Dr.
Schlesinger, Mrs. Jacob.....7648 Hohman Ave.
Shapiro, Mrs. Seymour W.....1517 Melbrook
Smith, Mrs. Jerald.....239 Fairbanks
Smitley, Mrs. Roger P.....1519 Janice Lane
Snyder, Mrs. Jerome.....1210 Park Drive
Sroka, Mrs. Stanley J.....8516 Hawthorne Dr.
Stasick, Mrs. Murray 8611 Baring Ave.
Stevens, Mrs. Edwin W.....8627 Beech
Teplinsky, Mrs. Louis.....1526 Twelve Oak Dr.
Urbanski, Mrs. W. P.....7905 Jackson
Vandertoll, Mrs. D. J.....8211 Madison
Walker, Mrs. Adolph.....1504 Park Dr.
Westhaysen, Mrs. Peter V.....127 Beverly Pl.
Wooden, Mrs. Thomas F.....8351 Crestwood

Angeles, Mrs. Uldarico A.....16 Shore Drive, Ogden Dunes (46368)
Dimitroff, Mrs. Lambro
1021 Forest Hills, Calumet City, Ill. (60409)
Feinsot, Mrs. Irving
17 Forestdale Park, Calumet City, Ill. (60409)
Feldner, Mrs. Ronald P.
17717 Bernardine, Lansing, Ill. (60438)
Psomatakis, Mrs. E.....189 Graymoor Lane, Olympia Fields, Ill. (60461)

LaPORTE COUNTY

LaPorte

(*Zip Code* 46350)

Backer, Mrs. George P.....1533 Michigan Ave.
Carter, Mrs. Fred S.....208 Forest Dr.
Datzman, Mrs. Basil J.....1421 Indiana Ave.
Dean, Mrs. Richard E.....R. R. 4, Box 239F
Deren, Mrs. Matthew.....110 Lane St.
Durham, Mrs. Lowell J.....205 Forest Dr.
Feinn, Mrs. Harry S.....1534 Michigan Ave.
Kelsey, Mrs. Robert M., Jr.....1305 Indiana Ave.
Kepler, Mrs. Robert W.....1529 Michigan Ave.
Lansford, Mrs. Kenneth G.....205 Canterbury Dr.
Larson, Mrs. Goyt O.....Ridgefield Addition
Mead, Mrs. Frank E.....344 Grayson Rd.
Mladick, Mrs. Edward A.....314 Holton Rd.
Moore, Mrs. William G.....2203 Southwest Rd.
Moosey, Mrs. Louis.....2007 Michigan Ave
Mueller, Mrs. Edwin C.....117 Evergreen Dr.
Muhleman, Mrs. Charles E.....Greenacres
Oak, Mrs. David D.....1104 Andrew Ave.
Philbrook, Mrs. Seth S.....212 Forest Dr.
Richter, Mrs. John C.....2020 Beechwood Ct.
Sanchez, Mrs. Jose.....2424 Monroe St.
Scott, Mrs. John S.....508 Lake Shore Dr.
Sirugo, Mrs. Aldo C.....202 Forest Dr.
Smith, Mrs. John.....1533 Weller
Sprecher, Mrs. James J. J.....1308 Michigan Ave.
von Asch, Mrs. George.....2030 Michigan Ave.

Wolf, Mrs. Wm. E.....Lakewood Lair (46350)
Carter, Mrs. William D.....Walkerton (46574)
Rohrer, Mrs. Bryce B.....506 Roosevelt Rd., Walkerton (46574)
Stark, Mrs. Wm...2821 Elbridge Way, Long Beach, Michigan City (46361)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Allen, Mrs. L. Howard.....1318 14th St.
Austin, Mrs. Richard P.....1315 15th St.
Duncan, Mrs. Raymond E.....407 Northwood Dr.
Dusard, Mrs. Joseph C.....1107 N. St.
Edmonds, Mrs. Kendrick T.....438 Sycamore
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th St.
Hawkins, Mrs. Richard D.....Box 286
Kasting, Mrs. Gerald E.....Parkview Addition
Kerr, Mrs. Donald M.....1415 20th St.
Ley, Mrs. Glen D.....1303 15th St.

McPike, Mrs. Joseph D.....1103 Lincoln Ave.
Morrow, Mrs. Robert J.....Brook Knoll
Noe, Mrs. William R.....118 Woodhill Dr.
Reuter, Mrs. John W.....405 Northwood Dr.
Scherschel, Mrs. John P.....1713 H St.
Sorrells, Mrs. George W., Jr.....3620 Able Ave.
Waldo, Mrs. Guy H., Jr.....308 Eastwood Dr.
Wohlfeld, Mrs. J. B.....1224 15th St.

Benham, Mrs. Lawrence E.....R. R. 2, Springville (47462)

MADISON COUNTY

Leroy, Mrs. A. G.....Alexandria (46001)

Anderson

(*Zip Code* 46011 *unless otherwise indicated*)

Aagesen, Mrs. W. J.....3 Wind Ridge Rd.
Armington, Mrs. Charles L.....823 W. Seventh St. (16)
Armington, Mrs. John C....206 W. 14th St. (16)
Austin, Mrs. Charles E.....1612 Westwood Dr.
Baughn, Mrs. William L.....1517 Winding Way
Beeler, Mrs. Frank K.....20 Overlook Dr.
Bixler, Mrs. Donald P.....1611 Van Buskirk Rd.
Blassaras, Mrs. Crist A.....916 Dresser Dr.
Bowers, Mrs. Richard C.....1110 Greenway Dr.
Bridges, Mrs. Alvin L.....R. R. 2, Box 296 A
Buckles, Mrs. David L.....44 Knoll Rd.
Bush, Mrs. Edw. R.....19 Northway Ct.
Castetter, Mrs. Gregory K...429 W. 11th St. (12)
Conrad, Mrs. Ernest M.. 2124 Meridian St. (14)
Denny, Mrs. Melvin H.....1719 N. Madison Ave.
Doenges, Mrs. James L.....1601 Van Buskirk Rd.
Donaldson, Mrs. Frank C.....2 Wind Ridge Rd.
Drake, Mrs. James R.....2210 W. 12th St.
Drake, Mrs. John C.....920 N. Madison Ave.
Drennen, Mrs. Robert V...1230 E. Chesterfield Dr. (12)
Dulin, Mrs. Basil B.....1120 Maryland Drive
Ellis, Mrs. Seth W.....1105 Green Way Dr.
Elsten, Mrs. Wayne A.
1333 Maryland Dr., Forest Manor
Erehart, Mrs. Archie D.....2214 W. Ninth St.
Faust, Mrs. Howard, Jr.....1321 W. Eighth St.
Ferguson, Mrs. Donald H.....3430 Redwood Rd.
Fischer, Mrs. Warren E.....1410 Van Buskirk Rd.
Gahimer, Mrs. Joseph E..1515 Greenway Dr. (12)
Gante, Mrs. Henry W.....2005 Nichol Ave.
Jarrett, Mrs. Paul.....2541 North Shore Dr.
Jones, Mrs. Albert T.....3316 Cherry Rd. (12)
Jones, Mrs. David G.....R. R. 5, Box 187
Kelly, Mrs. Wendell C.....23 Colony Rd.
Kepner, Mrs. R. S.....909 Forest Dr.
Kiely, Mrs. John T.....1011 Raible
King, Mrs. Charles R.....6414 Rosalind Lane
King, Mrs. Joseph W.....131 W. Eighth St. (16)
Kopp, Mrs. William R.....2410 W. 12th St.
Lamey, Mrs. Paul T.....1740 W. 10th St.
Land, Mrs. Richard.....713 Winding Way
Larmore, Mrs. Joseph L.....1301 Winding Way
Litzenberger, Mrs. Sam W.....823 Forest Dr.
Long, Mrs. Paul L.....828 Dresser Dr.
Metcalf, Mrs. George B...830 W. Eighth St. (16)
Miethke, Mrs. Richard.....3324 Cherry Rd.
Moneyhun, Mrs. James E.....1815 Ivy Dr.
Morris, Mrs. Robert A.....410 Golf Club Rd.
Neale, Mrs. Alfred E.....725 Forest Dr.
Nesbit, Mrs. Leonard L.....60 River Forest
Owens, Mrs. T. F.....St. Rd. 9, South
Patterson, Mrs. William K.....3 South Park Dr.
Polhemus, Mrs. Warren C.....1300 W. 11th St.
Price, Mrs. Ambrose M..3821 St. Rd. 9, North (10)
Rosenbaum, Mrs. Lloyd E.....804 Dresser Dr.
Ross, Mrs. Guy E.....1124 N. Madison Ave.
Sharp, Mrs. William L.....725 North Shore Blvd.
Sheldon, Mrs. Suel A.....2812 Greenbriar Rd.
Stamper, Mrs. Jos. H..619 State Rd. 67 West (13)
Stamper, Mrs. Robert J.....R. R. 6, Box 78A
Starks, Mrs. William O.....1525 Winding Way
Stinson, Mrs. William M.....17 River Forest
Swan, Mrs. Richard C.....707 Forest Dr.
Szumilas, Mrs. Peter P...5011 Saddle Lane (14)
Taylor, Mrs. James A.....3232 Maryland Dr.
Taylor, Mrs. Willis D.....3617 Manor Rd. (11)
Wagoner, Mrs. John R.....3522 Hawthorne Rd.
Webb, Mrs. Harry D.....1308 Maryland Dr.
Weiss, Mrs. Louis L.....1225 N. Madison Ave.
Whitaker, Mrs. Jack D.....3235 Maryland Dr.
Wilkinson, Mrs. Roger L.....404 Central Way
Williams, Mrs. Francis M.....1012 Park Rd.
Williams, Mrs. Robert H...715 North Shore Blvd.
Wishard, Mrs. Fred B.....2604 E. 4th St. (12)
Woodbury, Mrs. C. R..... ..835 Park Road

Bishop, Mrs. Harry A.....Frankton (46044)
Williams, Mrs. Robert D.....Markleville (46056)
Doles, Mrs. Ted S.....1102 Progress, Middletown (47356)
Foley, Mrs. Phillip D.....613 N. 10th St., Middletown (47356)
Reynolds, Mrs. Ralph E.....603 N. Ninth St, Middletown (47356)
Begley, Mrs. Robert W.
R. R. 2, Box 220-A, Pendleton (46064)
Heckaman, Mrs. Ed...Box 28, Pendleton (46064)
McLaughlin, Mrs. C. B..R. R. 2, Pendleton (46064)
Van Ness, Mrs. William.216 S. Main, Summitville (46070)

MARION COUNTY

Duncan, Mrs. Stuart J.....1005 Churchman Ave., Beech Grove (46107)
Ramage, Mrs. Walter F.....244 S. First St., Beech Grove (46107)
Link, Mrs. Goethe.....Box 84, Brooklyn (46111)
Cuthbert, Mrs. Marvin P..R. R. 2, Box 386, Carmel (46032)
Davidson, Mrs. N. Cort.....R. R. 2, Box 322, Carmel (46268)
Freeman, Mrs. Max E.....445 Smoky Rd., Carmel (46032)
Harris, Mrs. James C.....10816 Jordan Road, R. R. 1, Box 622Q, Carmel (46032)
Hasewinkel, Mrs. Carroll W.
R. R. 2, Box 354, Carmel (46032)
Karsell, Mrs. William A.....10518 Hussey Lane, Carmel (46032)
Nolin, Mrs. Richard T..R. R. 2, Box 323D, Carmel (46032)
Onyett, Mrs. Harold R..R. R. 3, Box 32, Greenwood (46142)

Indianapolis

(*Zip Code* 462 *plus zone number*)

A

Aldrich, Mrs. Harry D.....5805 Sherman Dr. (20)
Alig, Mrs. Vincent B.....6453 Green Leaves (20)
Allen, Mrs. Robert K.....737 Sherwood Dr. (40)
Alvis, Mrs. Edmond O.....474 W. 92nd St. (60)
Anshutz, Mrs. William M..6340 Braemore Rd. (20)
Antreasian, Mrs. Berj.....5465 Mark Lane (26)
Appel, Mrs. Richard H.....122 E. 61st St. (20)
Arbogast, Mrs. John L. 3933 Washington Blvd. (5)
Armer, Mrs. Robert M...4208 Cold Spring Rd. (8)
Asher, Mrs. Ernest O.....4640 W. 71st St. (68)
Asher, Mrs. James W.....R. R. 16, Box 355 (78)
Ashwood, Mrs. Edward.....1936 Colt Rd. (27)
Avery, Mrs. George O...5321 N. Kessler Blvd. (8)

B

Bachmann, Mrs. Arnold J.....1615 Oles Drive (8)
Bakemeier, Mrs. Otto H..5535 E. St. Clair St. (19)
Bakemeier, Mrs. Robert E.
6037 Castlebar Circle (20)
Baker, Mrs. Charles R. ...1664 Gerrard St. (24)

Balch, Mrs. James E.....6829 Willow Rd. (20)
Ball, Mrs. Joseph E.....6612 E. Ninth St. (19)
Baptisti, Mrs. Arthur, Jr....600 N. Alabama (4)
Barden, Mrs. Tom P.
4104 Melbourne Rd., S. Dr. (8)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W.
6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley..6001 Sunset Lane (8)
Baumeister, Mrs. Herbert E. ...4421 E. 75th (50)
Baxter, Mrs. John P. ..7247 Whitehall Dr. (26)
Beasley, Mrs. Thos. J.....715 E. 70th Place (20)
Beaver, Mrs. Howard W.
303 E. Edgewood Ave. (27)
Beck, Mrs. Evart M.....6445 N. Olney St. (20)
Becker, Mrs. Harry G...5641 Haverford Ave. (20)
Beeler, Mrs. John W.....7974 N. Illinois St. (60)
Beeler, Mrs. Raymond C. ..3777 N. Meridian (8)
Belt, Mrs. James H.....8652 Emerald Lane (60)
Benedict, Mrs. Paul F.....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F.....R. R. 18, Box 285 (24)
Berman, Mrs. J. K.....2810 W. 38th St. (8)
Bibler, Mrs. Lester D.
4360 N. Pennsylvania St. (5)
Blake, Mrs. Albert L...6471 Knyghton Rd. (20)
Blatt, Mrs. A. Ebner....5330 N. Illinois St. (8)
Boling, Mrs. Fred F..3333 Melbourne Rd. S. Dr. (8)
Boling, Mrs. Grover C., Jr.
6205 Bramshaw Rd. (20)
Bomalaski, Mrs. Donald....6491 N. Oxford (20)
Booth, Mrs. Boynton H...5735 Braewick Rd. (26)
Bowman, Mrs. George W.
5634 Carrollton Ave. (20)
Boyer, Mrs. Floyd A.....136 S. Wittfield St. (19)
Brady, Mrs. Thomas A., Jr.
225 Wellington Rd. (60)
Brayton, Mrs. John R.
3128 E. Fall Creek Blvd., N. Dr. (5)
Brayton, Mrs. Lee.....5540 N. Illinois St. (8)
Brickley, Mrs. Richard A.
5954 Hillside Ave., W. Dr. (20)
Brodie, Mrs. Donald W....R. R. 13, Box 397 (36)
Brooks, Mrs. Fred.....1660 Cunningham Dr. (24)
Brown, Mrs. Archie E.
4145 Melbourne Rd., W. Dr. (8)
Brown, Mrs. David E....7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr.
4363 Cold Springs Rd. (8)
Brown, Mrs. Earl R., Jr.
5450 Channing Rd. (26)
Brown, Mrs. Gordon T.....8170 Oakland Rd. (40)
Brown, Mrs. Wendell E.....3750 N. Gale St. (18)
Browning, Mrs. James S.
7961 Windcombe Blvd. (40)
Bruce, Mrs. Reginald A...5752 Grandiose Dr. (8)
Brueckmann, Mrs. F. Robert
5280 Channing Rd. (26)
Burdette, Mrs. Harold....6310 Glencoe Dr. (60)
Butler, Mrs. John O.....5528 Manker Ave. (27)
Butler, Mrs. Robert M...4849 N. Ritter Ave. (26)

C

Cahn, Mrs. Hugo....5535 N. Pennsylvania St. (20)
Cahn, Mrs. Peter H.....7025 Hoover Rd. (60)
Campbell, Mrs. H. E., Jr..7650 Spring Mill Rd. (60)
Campbell, Mrs. Robert L..5726 Sherman Ave. (20)
Caputi, Mrs. Saverio..5115 N. Meridian St. (8)
Carson, Mrs. Wayne..7177 N. Meridian St. (40)
Chattin, Mrs. William R.
4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M...4403 Radnor Rd. (26)
Christie, Mrs. Marvin C.
3340 E. Loretta Drive (27)
Clark, Mrs. Geo. A.....620 Forest Blvd. (40)
Clark, Mrs. Lawson J.
2425 E. Kessler Blvd., E. Dr. (20)
Coggeshall, Mrs. Warren E.
6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn.....2235 E. Garfield Dr. (3)
Cooke, Mrs. J. Kenneth.3427 Coronado Ave. (8)
Cortese, Mrs. James V.....6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A.....3525 Payne Dr. (27)
Costin, Mrs. Robert L..8028 Morningside Dr. (40)
Countryman, Mrs. Frank 5633 Central Ave. (20)
Cross, Mrs. David G.....3001 Redfern Dr. (27)
Culbertson, Mrs. Clyde G.....6060 Park Ave. (20)
Currie, Mrs. Robert W.....512 E. 57th St. (20)
Curry, Mrs. R. Louis.....7250 N. Chester (40)

D

Daley, Mrs. Edward H.
5118 East Dickson Road (26)
Dallas, Mrs. F. R.....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W.....4205 Otterbein Ave. (27)
Daly, Mrs. Joseph M.....5969 Singleton Ave. (27)
Davidson, Mrs. Dale A.....25 E. 40th St. (5)
Davis, Mrs. Sam J.....4545 Broadway (5)
Dearmin, Mrs. Robert M..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W.....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M.
2802 Lindbergh Dr. (27)
Dill, Mrs. Charles W.....4111 S. Sherman Dr. (27)
Dillon, Mrs. John F.....310 Pine Dr. (27)
Dolan, Mrs. Patrick A.....4905 Knollton Rd. (8)
Donahue, Mrs. James
1815 N. Capitol Ave., #508 (2)
Donato, Mrs. Albert M...5915 Lawrence Dr. (26)
Doran, Mrs. J. Hal.....3705 N. Denny St. (18)
Douglas, Mrs. William T.
5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E...5835 N. Tacoma Ave. (20)
Dugan, Mrs. William M.
5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..7521 Mohawk Lane (60)
Dunkin, Mrs. Ramon S.....5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr.....120 Arden Dr. (20)
Dyar, Mrs. Robert W.....6343 Maple Dr. (20)
Dyke, Mrs. Richard W.....542 W. 83rd (60)
Dzenitis, Mrs. Andrievs
1150 N. Vinewood Ave. (22)
Dziabis, Mrs. Marvin D.....416 Golf Lane (60)

E

Eastman, Mrs. Joseph R.....220 W. 64th St. (8)
Eaton, Mrs. Edwin R...5750 Allisonville Rd. (20)
Eaton, Mrs. Lyman D...R. R. 19, Box 487Y (80)
Ebert, Mrs. J. Wayne....1125 Southview Dr. (27)
Egbert, Mrs. Herbert L.....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O. 4401 Washington Blvd. (5)
Eldridge, Mrs. Gail E.....6377 Sunset Lane (60)
Elkins, Mrs. James P.....2045 Lick Creek Dr. (3)
Ellis, Mrs. Bert E.....3910 E. 57th St. (20)
Ellis, Mrs. Charles R.....7607 Harcourt Rd. (60)
Ellis, Mrs. William N.....4908 E. 46th Street (26)
Emhardt, Mrs. John T.....3305 Brill Rd. (27)
Evans, Mrs. Paul V.....3715 Briarwood Dr. (40)
Everly, Mrs. Ralph V.....1105 E. 58th St. (20)
Everly, Mrs. Stephan S...1925 N. Senate Ave. (2)

F

Fausset, Mrs. C. Basil..7757 N. Meridian St. (60)
Feeney, Mrs. Martin T.....2302 E. 57th St. (20)
Ferry, Mrs. Francis A...935 E. Southern Ave. (3)
Finneran, Mrs. Joseph C.....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan.....2515 Knollwood Dr. (8)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. 3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O.....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.....5501 Camden (27)
Forbes, Mrs. Robert S.
4110 Crooked Creek Overlook (8)
Fortuna, Mrs. Frank.....2535 E. Banta Rd. (27)
Foster, Mrs. John A.....7608 E. 34th Pl. (26)

Foster, Mrs. Lee N., Jr...3824 Ashbourne Ln. (26)
Fouts, Mrs. Paul J.....8393 N. Illinois St. (60)
Franklin, Mrs. William L.....33 E. 37th St. (5)
Franz, Mrs. Sherman G...3714 N. Kiel Ave. (24)
Freed, Mrs. Carl A.....4334 Springwood Trail (8)
Freeman, Mrs. Leslie W...5601 E. St. Clair (19)
French, Mrs. Richard N., Jr.
3025 Green Hills Lane, S. Dr. (22)
Fry, Mrs. Robert D.....5717 Broadway (20)
Fulton, Mrs. William H.
1934 Remington Dr. (27)
Funkhouser, Mrs. A. G.....215 E. 36th (5)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gaddy, Mrs. E. T.....4580 Lincoln Rd. (8)
Gaddy, Mrs. Nelson D.....2551 Blue Grass Ct. (8)
Gambill, Mrs. J. R.....4651 Cherry Lane (8)
Garceau, Mrs. George J.
5539 N. Pennsylvania St. (20)
Gardiner, Mrs. Sprague H...330 W. 62nd St. (60)
Gardner, Mrs. Austin
7701 N. Pennsylvania St. (40)
Gardner, Mrs. Buckman....22 E. 52nd St. (05)
Garrett, Mrs. Robert A...95 Wellington Rd. (60)
Gastineau, Mrs. Frank M.
4842 E. 62nd St. (20)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E.....6154 E. 43rd St. (26)
Gick, Mrs. Herman H.....451 Eastern Ave. (1)
Gifford, Mrs. Fred E...5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F..4530 Berkshire Rd. (26)
Gillespie, Mrs. Jacob E.....4426 Broadway (5)
Ginsberg, Mrs. S. T.....7222 Stevens Lane (60)
Goldman, Mrs. Samuel....428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J.
4560 Crooked Creek Ridge Dr. (8)
Gosman, Mrs. James H.
4491 Washington Blvd. (5)
Graham, Mrs. John D...6315 Old Orchard Rd. (26)
Gray, Mrs. Howard R...8341 Stafford Lane (60)
Grayson, Mrs. Ted L. 925 Forest Blvd. N. Dr. (40)
Greene, Mrs. Morgan E.
2014 Winchester Dr. (27)
Greist, Mrs. John H...4343 Washington Blvd. (5)
Grief, Mrs. Robert.....2307 E. Raymond St. (3)
Griffin, Mrs. Leslie.....3203 W. 57th St. (8)
Griffith, Mrs. Richard S.
2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L...5211 Brendon Ridge Rd. (26)
Grosz, Mrs. Hanus J.....4054 Sawyer St. (26)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale....3120 W. 51st St. (8)
Hadley, Mrs. David.5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B.
5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M.
8633 N. Pennsylvania St. (40)
Hall, Mrs. Jack H.....5960 Braewick Rd. (26)
Hamilton, Mrs. Howard B.
3425 Green Hills Overlook (22)
Hampshire, Mrs. Donald R.
7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ...5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A.....5009 W. 15th St. (24)
Harcourt, Mrs. Allan K.
5418 Allisonville Rd. (20)
Harcourt, Mrs. Robert S...6408 Braemore Rd. (20)
Harding, Mrs. M. Richard.5440 Channing Rd. (26)
Harger, Mrs. Robert W...46 West 52nd Street (8)
Haslinger, Mrs. Clarence J.
5024 LeMans Dr. (5)
Hatfield, Mrs. Nicholas W...5851 E. 54th Pl. (26)
Hawk, Mrs. James H.....400 E. 43rd St. (5)
Haymond, Mrs. Joseph L.
2745 Crescent Hill Lane (8)
Hays, Mrs. Everett L.....2607 Manker Ave. (3)
Healey, Mrs. Robert J.
5559 Washington Blvd. (20)
Heimburger, Mrs. Robert F. 4462 Central Ave. (5)
Helmer, Mrs. O. M.....5015 N. Illinois St. (8)
Henry, Mrs. R. S.....4367 Lincoln Rd. (8)
Hepburn, Mrs. Charles K.
7570 Morningside Dr. (40)
Hickman, Mrs. Jack W.
3736 Spring Hollow Rd. (8)
Hickman, Mrs. Walter F. 5959 Gladden Dr. (20)
Hill, Mrs. Herbert..4422 Melbourne, W. Dr. (8)
Hill, Mrs. James K.....2507 Bluffwood Dr. (8)
Himelstein, Mrs. N. Harvey
5475 N. Alton Ave. (8)
Hogan, Mrs. Michael A.
7330 Steinmeier Dr. (50)
Holland, Mrs. Wm.....4345 N. College Ave. (5)
Holman, Mrs. Jerome E., Jr.
5930 Central Ave. (20)
Holman, Mrs. Jerome E., Sr.
4503 E. Kessler Blvd., E. Dr. (20)
Hood, Mrs. Ainslee A...1810 Rosedale Drive (27)
Howell, Mrs. Joseph D.....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L...5725 Hunterglen Rd. (26)
Hubbard, Mrs. Jesse D.....4330 Black Oak Dr. (8)
Hudson, Mrs. Foster J.....3865 Cheviot Pl. (18)
Hull, Mrs. Ronald H.....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D. 4045 Clarendon Rd. (8)
Hurteau, Mrs. William W...201 West 75th St. (60)
Huse, Mrs. Wm. Murray
5131 N. Pennsylvania St. (5)

I-J

Irwin, Mrs. Glenn W., Jr. 8025 N. Illinois St. (60)
Iske, Mrs. Paul G.....5207 Central (20)
James, Mrs. C. E..4504 Hidden Orchard Lane (8)
Jewett, Mrs. Joe H.....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H.....1831 E. 61st St. (20)
Johnson, Mrs. Earl H...550 W. 77th St. N. Dr. (60)
Johnson, Mrs. Thomas W.....351 W. 63rd St. (60)
Jones, Mrs. David E...5433 Hawthorne Dr. (26)
Jones, Mrs. George..8933 Southeastern Ave. (39)
(Wanamaker)
Joseph, Mrs. Rex M.....620 Hickory Lane (27)
Jowitt, Mrs. Richard H.
5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L.....5327 Mark Lane (26)

K

Kaiser, Mrs. James L.....333 E. Beverly Dr. (5)
Kammen, Mrs. Leo.....7030 Central Ave. (20)
Katterjohn, Mrs. James C.
9035 Pickwick Dr. (60)
Keenan, Mrs. George B.
2015 E. Thompson Rd. (27)
Keever, Mrs. Charles H., Sr.
9016 Keever Dr., R. R. 18, Box 289 B (24)
Kendrick, Mrs. Wm. M...735 Round Hill Rd. (60)
Kennedy, Mrs. Hunter F....5790 E. Michigan (19)
Kennedy, Mrs. Joseph T.
5316 Brendonridge Rd. (26)
Kenney, Mrs. David B.....6711 E. Tenth St. (19)
Kenzler, Mrs. Jack I.....6040 E. 65th Place (20)
Kerr, Mrs. Harry R...5774 Washington Blvd. (20)
King, Mrs. Harold K...5430 Channing Rd. (26)
Kingsbury, Mrs. John K.
5776 E. Michigan St. (19)
Kirtley, Mrs. William R...7447 N. Park Ave. (40)
Kissel, Mrs. Wesley A...3721 Briarwood Dr. (40)
Klain, Mrs. Benjamin V.
8419 N. Pennsylvania St. (40)
Klutinoty, Mrs. George.2275 Wynnedale Rd.(8)
Kneidel, Mrs. J. H.....918 E. 57th St. (20)
Knowles, Mrs. Charles Y...5420 Channing Rd. (26)
Kohlstaedt, Mrs. Kenneth G...645 E. 80th St. (40)
Kooiker, Mrs. John E.....3540 Watson Road (5)

Koons, Mrs. Karl M.
5767 N. Pennsylvania St. (20)
Kornafel, Mrs. Laddie H...6201 College Ave. (20)
Kremp, Mrs. Richard F.
7848 New Augusta Rd. (68)
Kuntz, Mrs. Herman W.
2065 Lick Creek Drive (3)
Kwitny, Mrs. I. V.....3948 Rue Renior (20)

L

LaDine, Mrs. Clarence B...5417 N. Meridian (8)
Lamb, Mrs. Emmett B...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W....4636 N. Capitol Ave. (8)
Lamber, Mrs. Chet
3965 N. Meridian, Apt. 4D (8)
Lang, Mrs. Jay W.....54 S. Johnson Ave. (19)
Lasich, Mrs. Anthony R....5320 Channing Rd. (26)
Leasure, Mrs. J. Kent
5827 Brockton Dr. (20)
Leff, Mrs. A. H.....160 Penn Ridge Dr. (40)
Leffler, Mrs. William T.....250 E. 70th St. (20)
Lehman, Mrs. Evan L.
1326 Sandy Ann Lane (20)
LeMaster, Mrs. Theodore R.
5257 Hedgerow Dr. (26)
Levi, Mrs. Leon....6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S.....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J...5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin
5677 N. Meridian St. (8)
Lindenborg, Mrs. Paul G.....4304 E. 46th St. (26)
Lingeman, Mrs. Raleigh E.
4235 N. Pennsylvania (5)
Lloyd, Mrs. Frank P.....4210 N. Illinois (8)
Loehr, Mrs. Wm. M...1426 E. Kessler Blvd. (20)
Lord, Mrs. Glenn C.....7437 Holliday Dr. W. (60)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lozow, Mrs. David.....5677 N. Meridian St. (8)
Lukemeyer, Mrs. George T.
3845 N. Campbell Ave. (26)
Lunsford, Mrs. Thomas E.....215 E. 71st St. (20)
Lurie, Mrs. Paul R.....5 W. 79th St. (60)
Luros, Mrs. J. Theodore....156 Fairway Dr. (60)
Lybrook, Mrs. William B.
4585 Kessler Blvd., E. Dr. (20)

M

McAlpine, Mrs. Richard J...8102 Oak Hill Dr. (50)
McAree, Mrs. Francis E.
5521 Overbrook Circle (26)
McBride Mrs. James S.....720 E. 80th St. (40)
McCallum, Mrs. Donald C.....6534 Hythe Rd. (20)
McCartney, Mrs. Donald H. 410 East 56th St. (20)
McClain, Mrs. Edwin S.
416 W. 77th St. (60)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M.
7360 Hazelwood Ave. (60)
McLaren, Mrs. Daniel E.....4479 Barnor Dr. (26)
Mackey, Mrs. John E.....940 W. 58th St. (8)
Madden, Mrs. Robert J.....1420 Audubon Rd. (19)
Manalan, Mrs. Maurice M.
7807 Meadowbrook Dr. (40)
Manders, Mrs. Karl L.
4925 Buttonwood Crescent (8)
Manion, Mrs. Marlow W.
5132 N. New Jersey St. (5)
Manning, Mrs. Randolph
202 E. 75th St. (40)
Manzie, Mrs. Michael.....2687 W. 44th St. (8)
Markstone, Mrs. David H...6002 Cadillac Dr. (24)
Marshall, Mrs. Albert L., Jr.
7802 Allisonville Rd. (50)
Martin, Mrs. Loren H.
5338 Washington Blvd. (20)
Masters, Mrs. John M.....34 E. 46th St. (5)
Matthew, Mrs. W. Burleigh
800 W. Kessler Blvd. (8)
Matthews, Mrs. B. J.....966 North Graham (19)
Matthews, Mrs. William M.
5215 Knob Lane (26)
Maxam, Mrs. Beverly T. 6220 Sunset Lane (60)
Maxwell, Mrs. Sam B...7433 Irvington Ave. (50)
Megenhardt, Mrs. Dennis S.
3038 E. Fall Creek Pkwy. N. Dr. (5)
Meiks, Mrs. Lyman T.
4203 N. Pennsylvania St. (5)
Melin, Mrs. John R.....2628 Knollwood Dr. (8)
Mericle, Mrs. Earl W. 8455 Washington Blvd. (40)
Mertz, Mrs. John H. O.
4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E.....5208 Roland Dr. (8)
Middleton, Mrs. H. N...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry R...7237 Sylvan Ridge Rd. (40)
Miller, Mrs. John D.....6255 Sunnyside Rd. (26)
Miller, Mrs. Lee H...5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E.....R. R. #17, Box 503 (23)
Mitchell, Mrs. Earl N.
1222 N. Irvington Ave. (19)
Moak, Mrs. Glenn D.....2155 Weslynn Dr. (8)
Montgomery, Mrs. W. F.....4546 Park Ave. (5)
Moore, Mrs. Donald F. 1315 West 10th Street (7)
Moore, Mrs. Harold T...5802 Allisonville Rd. (20)
Moran, Mrs. William J...4409 Brookline Pl. (20)
Morchan, Mrs. Samuel.....7007 Broadway (20)
Moriarty, Mrs. John.....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II
5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L.....3272 W. 42nd St. (8)
Morton, Mrs. Walter P.
3434 E. Fall Creek Blvd., N. Dr. (5)
Moss, Mrs. H. C.....4802 Washington Blvd. (5)
Mothersill, Mrs. Mark H.....3650 College Ave. (5)
Mouser, Mrs. Robert W.
5555 N. Meridian St. (8)
Muller, Mrs. Lullus P.
5675 Washington Blvd. (20)
Muller, Mrs. Paul F...4050 Washington Blvd. (5)

N

Nagan, Mrs. Robert F.....3902 Devon Dr. (26)
Nay, Mrs. Richard M.....5525 N. Meridian (8)
Need, Mrs. Louis T.....3627 Bluff Rd. (17)
Need, Mrs. R. L...5316 Turtle Creek, E. Dr. (27)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Nie, Mrs. Louis W.....4305 Central Ave. (5)
Nohl, Mrs. John M.....5410 Eastridge Dr. (19)
Norris, Mrs. Max S.....540 E. 36th St. (5)
Nourse, Mrs. Myron H.
8064 Morningside Dr. (40)
Nugent, Mrs. Edwin J...6840 N. Delaware St. (20)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Ochsner, Mrs. Harold C.
4565 Cold Spring Rd. (8)
Offutt, Mrs. Andrew C. 750 N. Campbell Ave. (19)
Olvey, Mrs. Ottis N.....5428 Central Ave. (20)
Otten, Mrs. Claude F..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr...3501 Watson Rd. (5)
Owen, Mrs. John E.....4429 N. Illinois St. (8)
Owens, Mrs. Tracy C.....2823 N. Meridian St. (8)

P

Palmer, Mrs. Harley P.....6611 Hythe Rd. (20)
Parr, Mrs. Robert L.....4407 Dickson Rd. (26)
Pantzer, Mrs. John G., Jr.
4114 Sunmeadow Lane (8)
Paulissen, Mrs. George T.....741 Markwood (27)
Paynter, Mrs. Morris B...115 Roberts Rd. (17)
Peck, Mrs. Franklin B., Jr.
8181 Lincoln Blvd. (40)

Peck, Mrs. Franklin E., Sr.,
5833 Brockton Dr. (20)
Peirce, Mrs. James D.
5027 Washington Blvd. (5)
Permer, Mrs. Erwin.....5590 Grandview Dr. (8)
Peters, Mrs. Robert J. D.
3203 E. Michigan St. (1)
Petranoff, Mrs. Theodore V.
2814 Questend—S. Dr. (22)
Pickett, Mrs. Robert D...4713 Millersville Rd. (26)
Pierce, Mrs. Emmett....1034 N. Bolton Ave. (19)
Pilcher, Mrs. Jack E.....4601 Graceland Ave. (8)
Pittman, Mrs. John N.....136 E. 43rd St. (5)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, E. Dr. (20)
Popplewell, Mrs. Arvine G.
141 E. Southport Rd. (27)
Powell, Mrs. Richard C...5359 Hedgerow Dr. (26)
Price, Mrs. Francis W.
550 East Edgewood Ave. (27)
Price, Mrs. Walter S..8430 Washington Blvd. (40)
Pryor, Mrs. Richard C...6134 Carrollton Ave. (20)

R

Raber, Mrs. Robert M.....265 Williams Ct. (60)
Rader, Mrs. George S.....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D...2157 Wilshire Road (8)
Ramsey, Mrs. Frank B.....1401 W. 52nd St. (8)
Randall, Mrs. T. A.....1019 W. 75th St. (60)
Ransburg, Mrs. Robert..7614 Woodside Dr. (60)
Rapp, Mrs. George F.....650 E. 80th St. (40)
Rawls, Mrs. George H.....4226 N. Illinois St. (8)
Reed, Miss Ann.....4131 N. Meridian (8)
Reed, Mrs. Philip B.....4131 N. Meridian St. (8)
Rees, Mrs. Russel C.
5931 E. 12th St. (19)
Reid, Mrs. Charles A.....6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A.....5250 Roland Dr. (8)
Rice, Mrs. Raymond D.
5241 Washington Blvd. (20)
Rice, Mrs. Raymond M.
7799 E. Holliday Drive (60)
Rice, Mrs. Ronald B...5251 Washington Blvd. (20)
Rich, Mrs. Richard.....5236 Hedgerow Dr. (26)
Ridolfo, Mrs. Anthony S.....6139 Maren Dr. (24)
Robb, Mrs. John A...5151 N. Pennsylvania St. (5)
Rochlin, Mrs. I.....212 E. 71st St. (20)
Roesch, Mrs. Ryland....5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L.
2618 Bluffwood Dr., W. (8)
Roll, Mrs. John W.....6340 Bramshaw (20)
Roller, Mrs. Charles W.....2301 Garfield Dr. (3)
Romberger, Mrs. Floyd T., Jr..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D.
5254 N. Delaware St. (20)
Ross, Mrs. Alexander T. 6050 Knyghton Rd. (20)
Ruddell, Mrs. Karl R...2626 N. Meridian St. (8)
Ruddell, Mrs. Keith R..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. 5311 N. Pennsylvania (20)
Rupel, Mrs. Ernest.....5735 N. Meridian (8)
Ruth, Mrs. Martin L.....7 N. Colorado Dr. (1)
Ryan, Mrs. C. David.....3524 Welch Dr. (24)
Ryan, Mrs. Glen V.
3168 E. Fall Creek Pkwy., N. Dr. (5)

S

Sage, Mrs. Russell A...7531 Morningside Dr. (40)
Salb, Mrs. Max C.....6741 Allisonville Rd. (20)
Sanders, Mrs. Fred.....4575 Ayrshire Dr. (8)
Schechter, Mrs. John S...6333 Glen Coe Dr. (60)
Schermer, Mrs. Kenneth L.
5845 N. Sherman Dr. (20)
Schlaegel, Mrs. T. F.....4536 Dickson Rd. (26)
Schlegel, Mrs. Donald M.....4042 Cranbrook (40)
Schmalhausen, Mrs. A. W.
6227 Hillcrest Lane (20)
Schneider, Mrs. Carl J.....340 N. Kenyon (19)
Schneider, Mrs. Paul A.....4140 N. Graham (26)
Schnute, Mrs. Richard 5460 Broadmoor Plaza (8)
Schuchman, Mrs. Gabriel..5944 Central Ave. (20)
Schuster, Mrs. Dwight.4503 Washington Blvd. (5)
Scofield, Mrs. John B.....9014 Pickwick (60)
Scott, Mrs. Jasper P.....5840 Winthrop Ave. (20)
Scott, Mrs. Robert P.
5715 N. Pennsylvania St. (20)
Seaman, Mrs. Charles F. 5353 Channing Rd. (26)
Searight, Mrs. John L...5830 University Ave. (19)
Sedam, Mrs. Herbert L. 4819 Millersville Rd. (26)
Segar, Mrs. William E.....4855 Victoria Rd. (8)
Sellmer, Mrs. George.....8760 Driftwood (40)
Sexson, Mrs. Hiram T...5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. 6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. 525 Woodmere Dr. (60)
Shelley, Mrs. R. J.....5810 E. 46th St. (26)
Shipley, Mrs. Edward C.....3601 Marrison Pl. (5)
Shullenberger, Mrs. Wendell A.
4535 Central Ave. (5)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W.....607 E. 82nd (40)
Siderys, Mrs. Harry
5102 N. Pennsylvania St. (5)
Siersdorfer, Mrs. T. N...5559 W. Morris St. (41)
Sigmond, Mrs. Harvey..3245 N. Pennsylvania (5)
Sims, Mrs. J. Lawrence....3723 N. Gale St. (18)
Sluss, Mrs. David.....3657 Washington Blvd. (5)
Smith, Mrs. E. Rogers.....160 W. 47th St. (8)
Smith, Mrs. Roy Lee..1427 West Stop 11 Rd. (17)
Sobat, Mrs. William....1906 N. Capitol Ave. (2)
Solomon, Mrs. Reuben A.
5330 N. Pennsylvania (20)
Soper, Mrs. Hunter A.....R. R. 18, Box 285C (34)
Sovine, Mrs. Joe W.....8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Spalding, Mrs. Joseph J.
7290 N. Meridian St. (60)
Sparks, Mrs. Alan L.
5466 N. Pennsylvania St. (20)
Spears, Mrs. John M.....6910 Shelby (27)
Speckman, Mrs. Glenn H.....5242 Park Ave. (20)
Sputh, Mrs. Carl B., Jr.
5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E.....5610 E. 16th St. (18)
Stayton, Mrs. Chester A., Sr...6931 Central (20)
Stayton, Mrs. Chester A., Jr.
7065 Central Ave. (20)
Stephens, Mrs. Donald E.....5555 Broadway (20)
Stoelting, Mrs. V. K.....4706 Laurel Circle (26)
Stone, Mrs. Alvin T.....6295 N. Tuxedo (20)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B.....5041 Central Ave. (5)
Strang, Mrs. Wm. C.....7760 Cree Trail (50)
Strickland, Mrs. James W...7024 Broadway (20)
Stucky, Mrs. Elsworth K.
4528 N. Meridian St. (8)
Stump, Mrs. Loyd K.....6375 Brixton Lane (20)
Suelzer, Mrs. John.....4538 Sylvan Rd. (8)
Suess, Mrs. Robert E.....6926 Johnson Rd. (20)
Sullivan, Mrs. James J.....3458 Welch Dr. (24)
Summerlin, Mrs. Jack D.
6375 Avalon Lane, E. Dr. (20)
Sutton, Mrs. William E.....5807 Brockton Dr. (20)
Swan, Mrs. John R.....320 Arden Dr. (20)

T

Talbott, Mrs. Dan E..6470 N. Michigan Rd. (68)
Tanner, Mrs. Henry S.
4461 N. Pennsylvania St. (5)
Taube, Mrs. Jack I...4353 N. Pennsylvania St. (5)
Taylor, Mrs. Clifford C.
3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W.....40 E. 43rd St. (5)
Teague, Mrs. Frank W.....555 W. Pine Dr. (60)
Tether, Mrs. J. Edward.....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G.....6161 Sunset Lane (8)

Thatcher, Mrs. Hugh K., Jr...408 E. 45th St. (5)
Thoman, Mrs. Rex L...4422 E. Washington St. (1)
Thomas, Mrs. Charles R.
7029 Wayland Dr., R. R. 5, Box 456A (39)
Thomas, Mrs. E. P..1520 Thomas Woods Trail (8)
Thomas, Mrs. Fred A.....5827 Broadway (20)
Thomas, Mrs. Lowell I.....28 W. Hampton Dr. (8)
Thomas, Mrs. Morris E.
6215 Spring Mill Rd. (60)
Thompson, Mrs. John V.....7899 Ridge Rd. (40)
Thompson, Mrs. Paul D.
5939 Hillside Ave., E. Dr. (20)
Thompson, Mrs. Wayne..6365 Knyghton Rd. (20)
Throop, Mrs. Frank B..4134 Sunmeadow Lane (8)
Thurston, Mrs. A. L.....4078 Central Ave. (5)
Tinsley, Mrs. Walter B., Sr. 5638 Broadway (20)
Tinsley, Mrs. Walter B., Jr.
4505 Melbourne Rd. (8)
Tischer, Mrs. E. Paul.....5318 E. 72nd St. (50)
Tondra, Mrs. John M.....4511 Broadway (5)
Torrella, Mrs. Jose A.....5721 W. 18th St. (24)
Trusler, Mrs. Harold M.
6150 N. Meridian St. (8)
Trusler, Mrs. H. Marshall...4360 Swanson Dr. (8)
Tuchman, Mrs. Joseph H.
8515 Springview Dr. (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)
Tyler, Mrs. Edward.....5693 N. Meridian St. (8)
Tyner, Mrs. Harlan H.....3663 N. Delaware (5)

U-V

Ullom, Mrs. Ralph.....520 Wayside Dr. (60)
Vandivier, Mrs. Robert M.
3259 W. 42nd St. (8)
Van Meter, Mrs. C. Powell
4102 Marrison Place (26)
Vollrath, Mrs. Victor J.
7980 N. Pennsylvania St. (40)
Von Der Haar, Mrs. Gerard
1109 N. Mitchner St. (19)
Vore, Mrs. Robert E.....3710 Cheviot Place (5)

W

Wainscott, Mrs. Clinton S.
5332 Channing Road (26)
Waldo, Mrs. J. Thayer....420 W. 64th St. (60)
Walters, Mrs. Edward W.
4419 Park Forest Dr. (26)
Walther, Mrs. Joseph E.
4266 N. Pennsylvania St. (5)
Walton, Mrs. William M.
8007 N. Illinois St. (60)
Warneke, Mrs. Charles.....2533 Ryan Dr. (20)
Warriner, Mrs. James B...990 N. Bolton Ave. (19)
Warvel, Mrs. John H.
4360 Kessler Blvd., N. Dr. (8)
West, Mrs. Joseph L.....2110 W. 38th St. (8)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E.
6100 Old Shelbyville Rd. (27)
White, Mrs. Donald J..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. Gene A.....5725 Roxbury Ct. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Charles D...160 E. 71st St. (20)
Williams, Mrs. Clifford L.
3000 W. Washington St. (22)
Williams, Mrs. Harold.5536 Overbrook Circle (26)
Wirey, Mrs. Harold R...2949 E. Hanna Ave. (27)
Wise, Mrs. William R.....1908 Orlando (8)
Wishard, Mrs. William N., Jr.
5720 N. Pennsylvania St. (20)
Wolfram, Mrs. Don J.
5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E...6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R..5751 Central Ave. (20)
Worley, Mrs. R. H.....4626 Cavendish Rd. (20)
Wrege, Mrs. Malcolm..5411 Shorewood Dr. (20)
Wright, Mrs. J. Wm., Jr.
4220 Knollton Rd. (8)
Wyttenbach, Mrs. John E..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L.
5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J..5322 Hedgerow Dr. (26)
Young, Mrs. James W.....440 E. 71st St. (20)
Young, Mrs. John M.
4535 Marcy Lane, No. 261 (5)
Zell, Mrs. Evertson H...4747 Millersville Rd. (26)

Zerfas, Mrs. Charles P. A.
R. R. 15, Box-233 Z, Acton (46259)
Dyken, Mrs. Mark L.
R. R. 2, Box 169A, Zionsville (46077)
Harvey, Mrs. Verne K..R. R. 2, Box 354, Zionsville (46077)
Kalsbeck, Mrs. John E...R. R. 2, Box 168, Zionsville (46077)
Pennington, Mrs. Walter E.
Indiana Baptist Home, R. R. 1, Zionsville (46077)

MARSHALL COUNTY

Hampton, Mrs. James N...R. R. 2, Argos (46501)
Kemp, Mrs. William....1006 N. Main St., Bourbon (46504)
Bowen, Mrs. Otis R...304 N. Center St., Bremen (46506)
Burket, Mrs. Cecil R.....121 E. Grant St., Bremen (46506)
Stine, Mrs. Marshall.420 Shumaker Dr., Bremen (46506)
Hippensteel, Mrs. Russell R.
936 South Shore Rd., Culver (46511)

Plymouth
(*Zip Code* 46563)

Coursey, Mrs. James.....R. R. 2, Box 282A
Guild, Mrs. Kent.....800 N. Center St.
Reno, Mrs. Edward.....700 Ferndale
Rimel, Mrs. James F.....909 Bayless
Robertson, Mrs. James S.....1081 Highland Ct.

MIAMI COUNTY

Shrock, Mrs. E. E.....Amboy (46911)
Crates, Mrs. Gordon.....Chili (46926)
Line, Mrs. Homer.....Chili (46926)
Sixbey, Mrs. Maurice.....Box 68, Chili (46926)
Rendel, Mrs. H. E.....Mexico (46958)

Peru
(*Zip Code* 46970)

Barnett, Mrs. Helen.....109 W. Seventh St.
Guthrie, Mrs. James U.....331 W. Third St.
Herd, Mrs. Cloyn R.....16 Farview
Hill, Mrs. Lloyd L.....520 Oak St.
Johnson, Mrs. Owen B.....106 W. Sixth St.
Snyder, Mrs. Parker W.....159 W. Sixth St.
Yarling, Mrs. Francis.....117 E. Fifth St.

MONTGOMERY COUNTY

Crawfordsville
(*Zip Code* 47933)

Baird, Mrs. Keith.....811 W. Main St.
Burks, Mrs. Jess E.....512 W. Wabash Ave.
Cooksey, Mrs. Thomas L.....205 Marshall
Daugherty, Mrs. Fred N.....415 W. Main St.
Eggers, Mrs. Richard R.....203 S. West St.
Haller, Mrs. Thomas C.....38 Delmar Dr.
Humphreys, Mrs. John W.....1309 Durham Dr.

Kinnaman, Mrs. Howard.....R. R. 5
Kirtley, Mrs. James M.....615 Thornwood Rd.
Lingeman, Mrs. Byron N.....203 Wallace Ave.
Ludwig, Mrs. Paul E.....Country Club Rd.
Millis, Mrs. Samuel C.....201 Wallace Ave.
Peacock, Mrs. Norman F.....111 Wallace Ave.
Pierson, Mrs. Robert H.....305 E. Main St.
Richards, Mrs. Edgar E.....Danville Rd., R. R.
Shannon, Mrs. Wesley E.....6 Locust Hill Dr.
Sharp, Mrs. John L.....1113 Durham Dr.
Viray, Mrs. V. G.....809 North Dr.
Wallace, Mrs. Hawthorne C...107 W. Jefferson St.

Hales, Mrs. Robert E.....Roachdale (46172)
Otten, Mrs. Ralph E.....Darlington (47940)
Smith, Mrs. Byron J.....Kingman (47952)
Blix, Mrs. Fred.....Ladoga (47954)
Priebe, Mrs. Fred H.....New Market (47965)
Kindell, Mrs. Hurschell D..New Richmond (47967)
Rusk, Mrs. Hubert M.....Box 36, Wallace (47988)
Thompson, Mrs. Claude N...Waynetown (47990)
Parker, Mrs. Carl B.....Wingate (47994)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Mrs. Robert.....R. R. 6, Box 419C
Eisenberg, Mrs. David....Box 310, Sunnyside Dr.
Gray, Mrs. Leon.....589 Valley Drive N.
Miller, Mrs. Robert J.....R. R. 3, Box 214A
Ostheimer, Mrs. George.....700 Valley Dr.
Pitkin, Mrs. McKendree C...440 E. Washington St.
Reese, Mrs. Jay S.....R. R. 4, Box 21A
Turner, Mrs. Maurice A...639 W. Washington St.
Van Wienen, Mrs. John.....439 N. Jefferson
Willan, Mrs. Horace R.....109 S. Jefferson
Winter, Mrs. William.....415 N. Jefferson

Mooresville

(*Zip Code* 46158)

Bivin, Mrs. James H.....N. Indiana Rd.
Comer, Mrs. Charles W.....R. R. 2
Comer, Mrs. Kenneth E.....R. R. 2
Kourany, Mrs. Oscar.....220 Saint Clair, No. 3
Van Bokkelen, Mrs. Robert W...124 S. Indiana St.

Murphy, Mrs. M. G.....Box 167, Morgantown (46160)
Wilson, Mrs. Oliver R.
Box 65, R. R. 3, Morgantown (46160)

NEWTON COUNTY

Schoonveld, Mrs. Arthur.....Brook (47922)
Parker, Mrs. John.....Goodland (47948)
Kresler, Mrs. L. E.....301 N. Sixth St., Kentland (47951)
Yegerlehner, Mrs. R. S.....146 W. Graham St., Kentland (47951)
Guzman, Mrs. Marc.....Morocco (47963)

NOBLE-LaGRANGE COUNTIES

Bowman, Mrs. Charles M. 202 E. Main St. Albion (46701)
Nash, Mrs. Justin R.....202 N. Orange, Albion (46701)
Greenlee, Mrs. Joseph A., Jr.
412 S. Lewis St., Avilla (46710)
Taylor, Mrs. Millard R.....Howe (46746)
Yunker, Mrs. Philip....Box 188, Howe (46746)
Gutstein, Mrs. Richard R.
120 Diamond, Kendallville (46755)
Messer, Mrs. Frank W.
328 S. Oak St., Kendallville (46755)
Williams, Mrs. H. O.
735 Mitchell St., Kendallville (46755)
Benedict, Mrs. Charles D.
R. R. 1, Box 14, LaGrange (46761)
Studebaker, Mrs. Lloyd R.
325 W. Spring, LaGrange (46761)
Hooker, Mrs. Donald J...406 S. Main St., Ligonier (46767)
Stone, Mrs. Robert C.....501 S. Main St., Ligonier (46767)
Stultz, Mrs. Quentin F...3 Hawthorn Dr., Ligonier (46767)

ORANGE COUNTY

Hagan, Mrs. Marion L.....Main St., French Lick (47432)
Kesseric, Mrs. Nick E.....French Lick (47432)
Sugarman, Mrs. Benjamin E.
417 Walnut St., French Lick (47432)
Spears, Mrs. John K.....312 N. Gospel St., Paoli (47454)

OWEN-MONROE COUNTIES

Bloomington

(*Zip Code* 47401 *unless otherwise indicated*)

Austin, Mrs. Rayburn C.....114 S. Grant (03)
Baxter, Mrs. Neal E.....515 Hawthorne
Booze, Mrs. James H.....Fieldcrest (03)
Borland, Mrs. Raymond M...R. R. 3, Box 51 (03)
Buck, Mrs. Roger L..R. R. 10, MelCurry Pike (03)
Buckingham, Mrs. Richard.....705 S. Fess
Byrne, Mrs. Louis.....Cameron Ave., R. R. 3
Creek, Mrs. J. A.....Sare Road
Emery, Mrs. Charles B., Jr.....1100 S. High St.
Estes, Mrs. Ambrose.....701 Highland Ave.
Fowler, Mrs. R. Ross....R. 3, Pleasant Ridge Rd.
Geiger, Mrs. Dillon.....1704 N. Fee Lane
Hammer, Mrs. J. William.....701 S. Jordan
Hardtke, Mrs. Eldred F.....1400 Pickwick Place
Hibner, Mrs. Kermit Q.....1306 Pickwick Pl.
Holland, Mrs. Philip T.....1001 S. Jordan
Houshmand, Mrs. Cyrus.....102 N. Glenwood Dr.
Howard, Mrs. Wm. F.....126 Hampton Court
Hrisomalos, Mrs. Frank.....228 S. Hillsdale
Lundblad, Mrs. Wilfred.....1880 Covenanter Dr.
Lyons, Mrs. Robert.....Walnut St. Rd.
McClary, Mrs. Charles.....1924 E. Marilyn
McIntire, Mrs. C. R.....2424 Dunn
Marchant, Mrs. Clarence.....350 S. College
Mather, Mrs. Glenn.....1215 S. Brooks Dr.
Middleton, Mrs. Thomas.....210 Gilbert
Milan, Mrs. Joseph.....2207 Covenanter Dr.
Miller, Mrs. John M.....1402 Winfield Rd.
Owens, Mrs. Walter.....2805 Cherry
Poolitsan, Mrs. George.....1217 E. First St.
Ramsey, Mrs. Hugh.....619 E. First
Ratts, Mrs. Larry.....3315 Longwood Dr.
Reed, Mrs. William.....1215 Atwater
Rieger, Mrs. I. Taylor.....Woodcrest Dr.
Robinson, Mrs. Robert.....2708 Browncliff
Rogers, Mrs. Otto F.....804 E. 8th
Rollins, Mrs. Thomas.....815 S. Rose (03)
Ross, Mrs. James.....R. R. 1, Box 55A
Ruff, Mrs. Jerard.....2303 Fritz Dr.
Schell, Mrs. H. Richard.....1401 Maxwell Lane
Schilling, Mrs. Richard.....1708 S. High
Schoffer, Mrs. James J.....4227 Penn Ct.
Schultheis, Mrs. Richard.....916 S. Mitchell
Seagle, Mrs. W. Courtney.....1710 N. Walnut
Sibbitt, Mrs. Joseph W.....818 Sheridan
Smith, Mrs. Herschel S.....200 Glendora Dr.
Stangle, Mrs. Wm. J.....2305 E. Second
Taraba, Mrs. Ralph.....211 E. Martha St.
Topolgus, Mrs. James N.....1015 Atwater Ave.
Wass, Mrs. Robert.....3618 Morningside Dr.
Way, Mrs. James A.....Cascade Village Apts.
White, Mrs. J. Phillip....814 Meadowbrook Ave.

Mitchell, Mrs. George.....Smithville (47458)
Roof, Mrs. Roger
754 E. Indiana, Spencer (47460)
Skrentny, Mrs. Thomas T.
R. R. 2, Spencer (47460)

PARKE-VERMILLION COUNTIES

Clinton
(*Zip Code* 47842)

Evans, Mrs. F. J.....1315 S. Main St.
Gailey, Mrs. I. L.....235 Blackman
Herzberg, Mrs. Milton.....545 S. Fourth St.
Kercheval, Mrs. J. M.....452 S. 5th
Somerville, Mrs. John W...P. O. Box 264, R. R. 2

Webb, Mrs. L. C.....Dana (47847)
Britton, Mrs. W. D. Bloomingdale Rd., Montezuma (47862)

Rockville
(*Zip Code* 47872)

Beebe, Mrs. Milton O., Jr.....9 Valley Dr.
Bloomer, Mrs. Richard S.....502 W. York St.
Kempf, Mrs. Gerald F.....Indiana State Hospital for Chest Diseases
Minich, Mrs. William G.....617 Woodland Dr.

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton (47520)
Gilbert, Mrs. Robert G.
411 E. Seventh St., Cannelton (47520)
Glackman, Mrs. John C. 207 Center St., Rockport (47635)
Snyder, Mrs. Earl.....Troy (47588)

Tell City
(*Zip Code* 47586)

Dukes, Mrs. David A.....521 Main St.
Herr, Mrs. William J.....Boyd Road
James, Mrs. Nicholas A.....740 Ninth St.
Lally, Mrs. Bernard.....918 Main St.
Lohoff, Mrs. Lewis C.....425 10th St.
Neifert, Mrs. Noel L.....1118 Blum St.
Ress, Mrs. Gene E.....1530 13th St.
Smith, Mrs. Fred, Jr.....1407 12th Street
Ward, Mrs. Robert A.....1108 Herman St.

PORTER COUNTY

Shaw, Mrs. Gordon.....509 N. University, Gary
Hoham, Mrs. Frederick D.....Thumb Rd., Ogden Dunes (46368)

Chesterton
(*Zip Code* 46304)

Hall, Mrs. Thomas.....16 Ridge Dr., Dune Acres
Harless, Mrs. C. M.....123 W. Indiana Ave.
Robertson, Mrs. W. C.....600 E. Morgan

Valparaiso
(*Zip Code* 46383)

Brown, Mrs. J. C.....1808 Napoleon
Carlson, Mrs. M. R.....2206 Vine St.
DeGrazia, Mrs. E. J.....410 Washington St.
Eades, Mrs. Ralph.....203 Jefferson St.
Evans, Mrs. Daniel R. 1306 Forest Park Ave.
Frank, Mrs. John R.....303 Indiana Ave.
Gold, Mrs. Marvin E.....1407 Washington St.
Kilmer, Mrs. Warren.....305 Spectacle Dr.
Kobak, Mrs. Alfred J., Jr...1708 Whittier Park Dr.
Lands, Mrs. Robert M.....Saturn Lane
Makovsky, Mrs. Theodore..1807 Beulah Vista Dr.
O'Neill, Mrs. Martin J.....301 Washington St.
Sacks, Mrs. Leonard Z.....563 Ravine Dr.
Sturdevant, Mrs. Frank M.....1302 Wood St.
Vietzke, Mrs. Paul C. F.....1302 Summit Pl.
Wu, Mrs. Stewart.....102 Mayfield Ave.

PUTNAM COUNTY

Veach, Mrs. Richard L.....Bainbridge (46105)
Ellett, Mrs. John.....Box 126, Coatsville (46121)

Greencastle
(*Zip Code* 46135)

Dettloff, Mrs. Frederick R.....300 Highfall Ave.
Johnson, Mrs. James B.....314 Highfall Ave.
Jones, Mrs. Lawrence.....1564 Bloomington St.
Lett, Mrs. James.....335 Greenwood
Schauwecker, Mrs. Cleon M.....613 Ridge Ave.
Smith, Mrs. A. Wilson.....R. F. D. 2
Steele, Mrs. Dick J.....207 Northwood Blvd.
Stephens, Mrs. James P.....R. R. 3
Thompson, Mrs. Edward.....8 Kentwood Dr.
Tipton, Mrs. William R.....103 Northwood Blvd.
Wiseman, Mrs. V. Earle.....6 Durham Ave.

RANDOLPH COUNTY

Farmland
(*Zip Code* 47340)

Nixon, Mrs. Byron.....312 N. Main
White, Mrs. Harvey E.....200 S. Main

Shallenberger, Mrs. H. R.....Modoc (47358)
Potter, Mrs. Richard M.
120 N. Walnut, Ridgeville (47380)

Union City
(*Zip Code* 47390)

Chambers, Mrs. Carol R.....1000 N. Columbia St.
Chambers, Mrs. Leroy B.....800 N. Columbia St.
Landon, Mrs. David J.....623 N. Columbia St.
Phipps, Mrs. Leland K.....R. R. 1, Box 63A
Reid, Mrs. Robert W.....706 W. Division
Wagoner, Mrs. B. D.....409 N. Columbia St.

Winchester
(*Zip Code* 47394)

Dininger, Mrs. William S.....303 S. Main St.
Engle, Mrs. Russell B.....R. R. 2
Painter, Mrs. Lowell W.....507 S. Main St.
Slick, Mrs. C. R.....512 S. Oak St.
Sparks, Mrs. Paul W.....601 W. Will

RUSH COUNTY

McNabb, Mrs. George B.....Carthage (46115)
Smith, Mrs. Stephen D.
308 N. Washington, Knightstown (46148)
Worth, Mrs. C. Willard.....Milroy (46156)

Rushville
(*Zip Code* 46173)

Atkins, Mrs. C. C.....510 N. Perkins
Corpe, Mrs. Kenneth F.....R. R. 4
Ellis, Mrs. Davis W.....1102 Sugar Hill Dr.
Green, Mrs. Frank H.....516 N. Morgan
McKee, Mrs. Harry G.....1109 N. Arthur St.
McKee, Mrs. Harry.....R. R. 6
Norris, Mrs. Marvin.....1107 N. Main St.
Schneider, Mrs. Marvin.....431 N. Perkins St.
Shanks, Mrs. Roy E.....1110 N. Morgan

ST. JOSEPH COUNTY

Houser, Mrs. D. S.
24751 N. Riley Rd., North Liberty (46554)

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V.....59053 Bremen Highway
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Gerig, Mrs. E. Lavern.....713 W. 11th St.

Orr, Mrs. W. Robert.....1335 Prospect Dr.
Reed, Mrs. Robert.....903 Homewood
Rosenwasser, Mrs. Jacob.....834 Lincoln Way E.
Spalding, Mrs. Wendell L.....60100 S. Fir Road
Stringer, Mrs. D. D.....1035 Lincoln Way E.
Templeton, Mrs. Ames R.....522 Calhoun St.
Walters, Mrs. Charles E.....16166 Ireland Rd.
Whitlock, Mrs. Merle E.....304 Lincoln Way, E.
Wurster, Mrs. H. C.....221 E. Third St.
Zimmer, Mrs. Henry J.....333 Edgewater Dr.

Spenner, Mrs. Raymond W.
R. R. 3, Diamond Lake, Cassopolis, Mich. (49031)

South Bend

(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B...103 S. Ironwood Dr. (15)

B

Backs, Mrs. Alton J....1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L..61397 S. Miami Rd. (14)
Beach, Mrs. Norman.....1903 Trent Way (14)
Bechtold, Mrs. Samuel E.....313 Pendle St. (37)
Bell, Mrs. H. D.....1357 E. Champeau St. (17)
Bell, Mrs. R. L.....109 S. Ellsworth (17)
Bennett, Mrs. Jene R..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A.....19585 Glendale Rd. (37)
Bickel, Mrs. David A...1335 E. Wayne St. N. (15)
Birmingham, Mrs. P. J... 61490 Meadowlark Lane (14)
Bixler, Mrs. Louis C.....1817 Portage Ave. (16)
Bodnar, Mrs. Leslie M.....1843 Portage Ave. (16)
Bogan, Mrs. Wm. C.....1512 Hass Dr. (35)
Borough, Mrs. Lester D..24030 Cleveland Rd. (28)
Brechtl, Mrs. H. J.....2305 E. Washington (15)
Buchanan, Mrs. Wallace D. 1326 E. Wayne St., N. (15)
Buechner, Mrs. Fred W..603 W. Marion St. (01)
Buslee, Mrs. Roger M...524 S. Twyckenham (15)
Butts, Mrs. Milton A.....744 N. Jacobs St. (17)

C

Cassady, Mrs. John R....2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal....2216 E. Madison (15)
Chamblee, Mrs. Roland W.....53287 Ironwood Rd. (35)
Clark, Mrs. William H.....1227 Garland Rd. (14)
Cook, Mrs. Gordon C...1620 Southwood Ave. (15)
Cox, Mrs. A. Charles....17430 Darden Rd. (37)
Custer, Mrs. Edward W..52383 N. Laurel Rd. (37)

D

Davis, Mrs. Edward A.....52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H., Jr..1515 E. Colfax (17)
Devetski, Mrs. Robert L...52955 Swanson Dr. (35)
DeVoe, Mrs. K. R.....52978 Highland Dr. (35)
Dingley, Mrs. Albert, Jr.....1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D.....1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J....425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F. 1246 E. Jefferson Blvd. (17)
Dunlap, Mrs. D. Logan....123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles..232 Marquette Ave. (17)
Egan, Mrs. Sherman L.....944 Riverside Dr. (16)
Engel, Mrs. Howard R..1845 Ridgewood Circle (17)
English, Mrs. J. Paul.3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter....3012 Robinhood Lane (14)

F

Feferman, Mrs. Martin E..125 S. Esther St. (17)
Feldman, Mrs. Max.....1310 E. Fairview (14)
Filipek, Mrs. Walter J..2513 Lincoln Way W. (28)
Firestein, Mrs. Ben Z...125 W. Marion St. (01)
Firestein, Mrs. Ray....502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C.....19054 Summers Dr. (37)
Foley, Mrs. Hansel.....1314 Leeper (17)
Forrest, Mrs. O. Norman.52725 Arbor Dr. (35)
Frank, Mrs. Herbert....2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Sr.....534 N. Lafayette Blvd. (01)
Frank, Mrs. L. L., Jr.....1750 N. Wilbur (28)
Frey, Mrs. William B.....1714 E. Bader (17)
Friedman, Mrs. Morris S...1617 E. Jefferson Blvd. (17)

G

Ganser, Mrs. Ralph....18805 E. Jackson Rd. (14)
Gates, Mrs. George E...411 W. North Shore Dr. (17)
Gilman, Mrs. Marcus M...1925 E. Jefferson Blvd. (17)
Graf, Mrs. John P.....53260 Placid Dr. (37)
Green, Mrs. G. Richard..1515 E. Wayne St. (15)
Green, Mrs. George F.....754 Country Club Lane (15)
Green, Mrs. Norval E..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M...19120 Montrose Dr. (14)
Hamilton, Mrs. Charles O. 1418 E. Washington Ave. (17)
Haugseth, Mrs. Ellsworth K...820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E.....17280 Parker Ave. (35)
Helmer, Mrs. John..315 W. North Shore Dr. (17)
Hildebrand, Mrs. J. O...1637 Southbrook Dr. (14)
Hill, Mrs. Theodore.....107 N. Eddy St. (17)
Hill, Mrs. Wallace C.....248 S. Hawthorne (17)
Hyde, Mrs. Carroll C.....1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B...2230 Ribourde (28)
Kamm, Mrs. Bernard A..125 W. Marion St. (01)
Karn, Mrs. John W.....1535 Wall St. (15)
Kieffer, Mrs. William J...1814 Oak Park Dr. (17)
Krueger, Mrs. John E.....620 E. Peashway (17)
Kuhn, Mrs. Frederick L..1215 S. Michigan St. (18)

L

Lamb, Mrs. Leonard...1321 E. Wayne St. S. (15)
Lester, Mrs. Vern L...3536 Springboard Dr. (14)
Levatin, Mrs. Bernard I..1814 Churchill Dr. (17)
Levkoff, Mrs. Abner H...1815 E. Jefferson Blvd. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C.....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B...1611 Wayne St. E. (15)

M

Macri, Mrs. Paul A.....1601 E. Cedar (17)
Mahank, Mrs. Camiel C...1804 E. Jefferson Blvd. (17)
Marquis, Mrs. Gordon.....329 Wakewa (17)
Martinov, Mrs. William E.....1421 Wall St. (15)
Mason, Mrs. Bernard A.....2719 Marine St. (14)
Mauzy, Mrs. Merritt C.....1740 Hass Dr. (35)
MacLeod, Mrs. John K.....930 Simon Court (15)
McCraley, Mrs. William J.....1737 Belmont Ave. (15)
Metcalfe, Mrs. Grant E.....1209 E. Wayne St., N. (15)
Mott, Mrs. C. A.....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M...3525 Windingwood Dr. (15)
Murphy, Mrs. Eugene C.....1411 Sunnymede Ave. (15)

N-O

Neher, Mrs. John L.....17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E.....1909 E. Madison St. (17)
Nelson, Mrs. Robert.....104 S. Hawthorne (17)
Olson, Mrs. Donald T.....1806 Cedar St. (17)
Olson, Mrs. Kenneth L.....1228 E. Woodside Ave. (14)
Oren, Mrs. William.....1149 E. Belmont (15)

P

Pairitz, Mrs. Frank..1436 Sunnymede Ave. (15)
Parsons, Mrs. Robert....1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A...1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B...916 Riverside Dr. (16)
Petrass, Mrs. Andrew....22027 Liberty Highway (19)
Phelps, Mrs. Stephen R.....1331 Sunnymede Ave. (15)
Plain, Mrs. George.....17836 Ponader Dr. (35)
Pyle, Mrs. H. Dale....115 N. Sunnyside Ave. (17)

R

Rabasa, Mrs. Rafael..3506 Brookhurst Place (15)
Rigaux, Mrs. Armand.....1622 E. Madison (17)
Rigley, Mrs. Edward L...1704 Ridgedale Rd. (14)
Rosenheimer, Mrs. George M...1425 E. Woodside (14)
Rubens, Mrs. Eli.....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B...238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F.....235 S. Esther St. (17)
Sandoz, Mrs. Harry H..239 S. Hawthorne Dr. (17)
Schaphorst, Mrs. Richard A...514 Lincoln Way E. (14)
Schiller, Mrs. Herbert A...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E.....553 River Ave. (18)
Scott, Mrs. Frank M.....1220 E. Woodside (14)
Selby, Mrs. Keith E...1327 E. Wayne St. N. (15)
Sellers, Mrs. Francis....814 Oakridge Dr. (17)
Sharp, Mrs. Merle C...17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H.....1512 E. Madison (17)
Shriner, Mrs. Richard....53362 Juniper Rd. (37)
Sisson, Mrs. Norvel D...1614 Oak Park Dr. (17)
Skillern, Mrs. Scott....1553 Southbrook Dr. (14)
Slominski, Mrs. Harry H...1862 College St. (28)
Stiver, Mrs. Dan D.....1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J.....520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S...527 N. Lafayette (01)

T

Thompson, Mrs. John M..1618 E. Cedar St. (17)
Thornton, Mrs. M. J.....125 W. Marion St. (01)
Tirman, Mrs. Wallace S.....1224 E. Wayne St., N. (15)

V-W-Z

Van Fleit, Mrs. W. E.....1617 E. Cedar St. (17)
Vurpillat, Mrs. F. J.....2102 E. Cedar St. (17)
Weiss, Mrs. Eugene
1605 E. Washington Ave. (17)
White, Mrs. Donald G.....1721 E. Altgeld (14)
Wilson, Mrs. James M.....1507 E. Wayne (15)
Zeiger, Mrs. Irvin L.....1205 E. Irvington (14)

SHELBY COUNTY

Davis, Mrs. John A.....Flat Rock (47234)

Shelbyville

(*Zip Code* 46176)

Arata, Mrs. Lucian A.....327 W. Broadway
Dalton, Mrs. Wilson L.....1712 Culbertson
Deupree, Mrs. William D.....50 W. Mechanic St.
Gehres, Mrs. Robert W.....610 Shelby St.
Green, Mrs. William L.....Country Club Heights
Inlow, Mrs. Paul M.....53 W. Washington St.
Inlow, Mrs. Robert.....424 Lockerbie
Inlow, Mrs. W. D.....Spring Hill Rd.
McFadden, Miss Marian.....28 W. Mechanic St.
Moheban, Mrs. Joseph.....Spring Hill Rd.
Paz, Mrs. Luis.....526 E. McKay Rd.
Phares, Miss Frances.....408 S. Harrison
Richard, Mrs. Norman F.....Country Club Heights
Scott, Mrs. V. Brown.....R. R. 2, N. Riley Hwy.
Silbert, Mrs. David B.....1100 Fairfield Dr.
Spindler, Mrs. Robert D.....165 W. Mechanic St.
Tindall, Mrs. William R.....616 S. Harrison
Tower, Mrs. James H., Jr...239 W. Washington St.
Whitcomb, Mrs. Roger F.....218 W. Broadway

STARKE COUNTY

Leinbach, Mrs. Earl R..206 Davis, Hamlet (46532)
DeNaut, Mrs. James F.....201 E. Lake St., Knox (46534)
Henry, Mrs. Howard J.....R. R. 1, Knox (46534)
Ingwell, Mrs. Guy B.....402 E. Lake St., Knox (46534)
McClure, Mrs. Clark.....R. R. 1, Knox (46534)
Palmer, Mrs. Alan.303 E. Lake St., Knox (46534)

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Babb, Mrs. Forrest J.....2106 S. Ninth St. (05)
Bayley, Mrs. William E.....303 S. Ninth St. (01)
Bridge, Mrs. Barton C.....22 Thise Ct. (05)
Buhrmester, Mrs. Harry C...Freiberger Lane (05)
Carpenter, Mrs. James B.....R. R. 5 (01)
Deur, Mrs. Julius J.....606 N. 28th St. (04)
DuBois, Mrs. Ramon B...519 Calvert Lane (05)
Engeler, Mrs. James E., Sr...23 Lori-Lee Dr. (04)
Evans, Mrs. David L.....40 Indianbrook Ct. (05)
Fields, Mrs. Don C.....R. R. 12, Box 232 (05)
Flack, Mrs. Russell A.....3600 Cypress Lane (05)
Fritch, Mrs. John M.....1619 S. Fifth St. (05)
Harvey, Mrs. Bennett B...2908 Beverly Lane (04)
Holladay, Mrs. Lloyd J.....1403 S. 14th St. (06)
Horswell, Mrs. Richard R...2312 Dakota Dr. (05)
Karberg, Mrs. Richard J.....1212 El Prado (05)
Klepinger, Mrs. Harry E.....909 N. 21st St. (04)
Kohne, Mrs. Robert W.....1001 Pontiac (05)
Landis, Mrs. Charles B.....505 S. 17th St. (01)
McAdams, Mrs. Hugh B...2110 Birch Lane (05)
McClelland, Mrs. Donald C...1021 Highland Ave. (05)
McKinley, Mrs. Joseph..610 Lingle Terrace (01)
McPherson, Mrs. Richard C.....1603 S. Fifth St. (05)
Miller, Mrs. Wm. J.....2321 Manitoba Dr. (05)
Neumann, Mrs. Kenneth O..1410 S. 18th St. (05)
Pickerill, Mrs. James M.....601 N. 28th St. (04)
Ratcliff, Mrs. Frank W.....1000 Wea Ave. (05)
Ricchetti, Mrs. Warren.....3134 Longlois (04)
Scheeres, Mrs. Jacob W.....1619 Potomac (05)
Sholty, Mrs. William M..Shadeland Farm Rd. (04)
Smith, Mrs. Lowell C.....615 Lingle (01)
Trout, Mrs. Carl J.....800 State St. (01)
Underwood, Mrs. George M.....2540 Lafayette Dr. (05)
Vermilya, Mrs. Robert W..R. R. 5, Cedar Bluff Rd. (01)

West Lafayette

(*Zip Code* 47906)

Bahler, Mrs. Dean R.....104 Mohawk Dr.
Baker, Mrs. John R.....2321 Carmel Dr.
Beuerman, Mrs. Virgil A.....509 Emily St.
Bolin, Mrs. Robert C.....908 Windsor Dr.
Burns, Mrs. John T.....100 Tecumseh Park Lane
Bush, Mrs. Jack A.....108 Creighton Rd.
Canganelli, Mrs. Vincent G.....108 Mohawk Lane
Carpenter, Mrs. Robert
Williamsburg Apt., North River Rd.

Davis, Mrs. Howard B.....833 Hillcrest Rd.
Elliott, Mrs. Paul W.....348 W. Stadium Dr.
Gripe, Mrs. Richard P...2179 Tecumseh Park Lane
Hannemann, Mrs. Robert E.....812 Avondale
Heid, Mrs. George J.....515 Park Ridge Dr.
Hughes, Mrs. Anson.....1712 Sheridan
Hughes, Mrs. Richard R.....908 Carrollton Blvd.
Hull, Mrs. James E.....328 Leslie Ct.
Keplinger, Mrs. James.....136 E. Navajo
Klatch, Mrs. Ben Z.....1415 Woodland Dr.
Knipers, Mrs. Fred M., Jr.....2225 Sacramento
Loop, Mrs. Frederick A.....119 Leslie Dr.
McAdams, Mrs. Robert C. 625 Ridgewood Dr.
McFadden, Mrs. James M.....1424 N. Salisbury
Marvel, Mrs. Howard R.....136 Arrowhead Dr.
Marsh, Mrs. Geo. W.....2121 Happy Hollow Dr.
Mather, Mrs. Charles R.....1815 Ravina Rd.
Mather, Mrs. Robert L.....321 Leslie Ave.
Mount, Mrs. William M.....217 Pawnee Dr.
Peyton, Mrs. Frank W.....612 Ridgewood
Ramsey, Mrs. Geo. F.....202 Knox Dr.
Riggs, Mrs. W. A.....507 Sharon Rd.
Russell, Mrs. Henry T.....746 Northridge
Shively, Mrs. John L.....205 Lindberg Ave.
Spurlock, Mrs. F. H.....1625 Western Dr
Stahl, Mrs. Edward T.....324 Park Lane
Stuntz, Mrs. Edgar C.....140 Creighton Rd.
Van Den Bosch, Mrs. W. R.....715 Princess Dr.
Wagner, Mrs. A. R.....1834 Summit Dr.
Waits, Mrs. Chester L.....622 Rose St.
Weller, Mrs. Wendell A.....105 Pawnee Dr.

Gish, Mrs. Howard.....Brookston (47923)
Weller, Mrs. Ralph.....Box 38, Rossville (46065)

VANDERBURGH COUNTY

Evansville

(*Zip Code 477 plus zone number*).

A

Acre, Mrs. Robert R.....2311 Lincoln Ave. (14)
Adler, Mrs. Ray N.....1660 Lincoln Ave. (14)
Adye, Mr. Wallace M.....320 Inwood Dr. (11)
Alexander, Mrs. John E.....1127 Lincoln Wedgewood Apartments No. 645 (14)
Antes, Mrs. Earl H...1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E. 710 S. Weinbach Ave. (14)
Austin, Mrs. Eugene W.....721 Colony Rd. (15)

B

Baker, Mrs. Mason R.....4500 E. Cherry St. (15)
Barnhart, Mrs. Willard T...507 S. Boeke Rd. (14)
Beck, Mrs. Robert E.....6000 Newburgh Rd. (15)
Beisel, Mrs. Larry H.....1427 Lark (15)
Bender, Mrs. Martin J..2416 Bayard Park Dr. (14)
Bennett, Mrs. Abner P...961 Blue Ridge Rd. (15)
Bissonnette, Mrs. Roger P...911 Colony Rd. (15)
Bloss, Mrs. Bryant A...8006 Heather Court (10)
Boone, Mrs. Robert D....417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr.....1429 Oriole Dr. (15)
Britt, Mrs. Robert L...6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W. 5901 New Harmony Rd. (12)
Brooks, Mrs. Edwin.....5620 Kratzville Rd. (10)
Bryan, Mrs. Stanton L..3211 E. Mulberry St. (15)
Buddrus, Mrs. David.....508 S. Boeke Rd. (14)
Buehner, Mrs. Donald F.....1200 Bonnie View Dr. (15)
Burger, Mrs. Thomas C.....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde.....10100 Old St. Rd. (11)

C

Cacia, Mrs. John J.....420 S. Boeke Rd. (14)
Carlson, Mrs. Ralph F..1250 Bayard Park Dr. (14)
Cates, Mrs. Jeryl.....647 Plaza Dr. (15)
Clark, Mrs. Thomas W...820 S. Meadow Rd. (15)
Clouse, Mrs. Paul A.....5801 Newburgh Rd. (15)
Coleman, Mrs. Joseph E...2831 Wayside Dr. (11)
Colvin, Mrs. Robert.....2048 Polaris (15)
Combs, Mrs. Herman....Middle Mt. Vernon Rd. R. R. 1, Box 245 (12)
Cooper, Mrs. Waller W.....4410 Oak St. (15)
Corcoran, Mrs. P. J. V.....2412 E. Chandler Ave. (14)
Crawford, Mrs. James 631 Blue Ridge Dr. W. (15)
Crevello, Mrs. Albert J.....807 S. Burkhardt Rd. (15)
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Ave. (12)

D

Daves, Mrs. W. Lawrence...3911 Bellemeade Ave. (15)
Davidson, Mrs. Harold H..800 Blue Ridge Rd. (15)
Davis, Mrs. Max D.....1426 Lark (15)
Deems, Mrs. Meyers 6830 Arcadian Highway (15)
Denzer, Mrs. Edward K.....540 Scenic Dr. (15)
Denzer, Mrs. William O.....923 Bellemeade (13)
Dieckman, Mrs. Herbert S. 10 Johnson Place (14)
Dodd, Mrs. R. K.....1705 S. New Green River Rd. (15)
Durkee, Mrs. Melvin S.....615 Trinity Dr. (15)
Durkin, Mrs. John W., Jr.....2524 Adams St. (14)
Dycus, Mrs. Walter A.....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K...812 St. James Blvd. (14)

E

Ebin, Mrs. J. L.....8500 Whetstone (11)
Engel, Mrs. Edgar L.....1411 E. Park Dr. (14)
Ewer, Mrs. Robert W.....7226 E. Blackford (15)

F

Faith, Mrs. Ira L.....950 Blue Ridge Rd. (15)
Faul, Mrs. Henry J.....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L.....2400 E. Chandler (14)
Fenneman, Mrs. Robert J. Box 145, R. R. 8, Old St. Rd. (11)
Fisher, Mrs. William C.....219 S. Alvord (14)
Fitzsimmons, Mrs. Elvin L..500 S. Boeke Rd. (14)

G

Garland, Mrs. Edgar A.....719 Plaza Dr. (15)
Garst, Mrs. Garland.....1928 Theatre Dr. (11)
Gaul, Mrs. L. Edward.....18 Johnson Pl. (14)
Geller, Mrs. Samuel.....R. R. 8, Box 143-A (11)
Getty, Mrs. William H..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J.....916 S. Burkhardt Rd. (15)
Gourieux, Mrs. E. DeVerre 7500 Taylor Ave. (15)
Greenberg, Mrs. L. Thomas.....401 Senate (11)
Griep, Mrs. Arthur H...5414 Madison Ave. (15)
Grimm, Mrs. William C...513 S. Rotherwood Ave. (14)
Guckien, Mrs. Joseph.....2301 E. Powell (14)

H

Hammond, Mrs. R. Case 6820 Arcadian Hwy. (15)
Harlan, Mrs. William L...731 S. Frederick (14)
Harned, Mrs. Ben King, Jr.....6301 Lincoln Ave. (15)
Harris, Mrs. Robert L.....870 S. Boeke Rd. (14)
Hart, Mrs. L. Paul.....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr.....300 Hesmer Rd. (11)
Hassel, Mrs. Walter.....3712 Herndon Dr. (11)
Healy, Mrs. William.....3911 Bellemeade (15)
Heinrich, Mrs. Weston A..1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L...7006 Newburgh Rd. (15)

Hermayer, Mrs. Stephen....1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T..218 S. Spring St. (14)
Herzer, Mrs. Clarence C.....211 E. Mill Rd. (11)
Himebaugh, Mrs. Gilbert J.....408 S. Alvord Blvd. (14)
Hobgood, Mrs. James L...7527 Taylor Circle (15)
Hoover, Mrs. J. Guy.....864 Lodge Ave. (14)
Hovda, Mrs. Richard B...800 St. James Blvd. (14)
Huggins, Mrs. Victor S...520 S. Alvord Blvd. (14)
Hyatt, Mrs. Gilbert T...1616 Mt. Auburn Rd. (12)

J-K

Johnson, Mrs. Harold V..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L.
2215 Lincoln Ave. (14)
Kelley, Mrs. John B.....1420 Lark Dr. (15)
Kessler, Mrs. Robert..1200 Harrelton Court (15)
Kiechle, Mrs. Fred L.....726 S. E. First St. (13)
Kimmel, Mrs. George.....429 S. St. James (14)
Kincaid, Mrs. Robert S...5417 Stringtown Rd. (11)

L

Lashley, Mrs. Donald.....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John.....2816 Jefferson Ave.
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry..5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P.....3105 E. Oak St. (14)
Logan, Mrs. Jesse R.....503 First Ave. (10)
Longstaff, Mrs. John.....5913 Washington (15)

M

MacKenzie, Mrs. Pierce....2300 E. Gum St. (14)
McCool, Mrs. Joe H.....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D..4800 Lincoln Ave. (15)
McPherson, Mrs. Tom..1612 Southeast Blvd. (14)
Marvel, Mrs. James A...1431 Green Meadow (15)
Mathews, Mrs. James R....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B.....501 Scenic Dr. (15)
Miller, Mrs. Milton J.....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E.....555 S. Kelsey Ave. (14)
Mino, Mrs. Robert A.....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm.....2900 Monroe Ave. (14)

N

Newnum, Mrs. Raymond L. 727 College Hwy. (14)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R.....714 S. Willow Rd. (14)

O

Oswald, Mrs. Robert H.....2423 Lincoln Ave. (14)

P

Pastor, Mrs. Julius W..5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J.
4212 Jennings Lane (12)
Pemberton, Mrs. Jack J.
6300 Falstead Rd. (12)
Pollard, Mrs. Walter S.
5809 Green Meadow Rd. (15)
Porro, Mrs. Francis W.....909 S. Villa Dr. (14)
Present, Mrs. Julian D...201 S. Parker Dr. (14)
Pugh, Mrs. Willis L.....5204 Lincoln Ave. (15)

R

Ratcliffe, Mrs. Albert W.
510 S. E. First St. (13)
Reich, Mrs. Clarence E.
1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O.
407 Congress Ave. (15)
Rietman, Mrs. H. Jerome..2325 Lincoln Ave. (14)
Rininger, Mrs. Harold C...2154 E. Gum St. (14)
Ritchie, Mrs. William D.
5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S.....765 S. Boeke Rd. (14)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A.....34 Johnson Place (14)
Ruddick, Mrs. Hobart..Regina Pacis Home (15)
Rudolph, Mrs. Kenneth.....742 Plaza Dr. (15)
Russell, Mrs. Richard H...1015 Harrelton Ct. (15)

S

Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H.
2710 Hartmetz Ave. (12)
Schneider, Mrs. Charles P.
2924 W. Maryland St. (12)
Sheehan, Mrs. E. Gregg.....934 York Rd. (15)
Shively, Mrs. Wyant J...1409 Martins Lane (15)
Sinn, Mrs. Charles M.....1509 Redwing Dr. (15)
Slaughter, Mrs. Howard C.
651 St. Mary's Dr. (15)
Slaughter, Mrs. John C...622 College Hwy. (14)
Slaughter, Mrs. Owen L.
506 St. James Blvd. S. (14)
Smith, Mrs. Roy M.....417 Senate (11)
Spain, Mrs. Thomas....801 S. E. Third St. (13)
Sprecher, Mrs. Herman C.
6601 Newburgh Rd. (15)
Springstun, Mrs. W. Russel..854 Lodge Ave. (14)
Stallings, Mrs. Hugh A..7601 Newburgh Rd. (15)
Sterne, Mrs. John H.....2308 E. Gum St. (14)
Stewart, Mrs. L. Ray....852 S. Alvord Blvd. (14)
Stork, Mrs. Urban
1127 Lincoln Ave., Wedgewood Apts. (14)
Strueh, Mrs. Paul E.....1207 Harrelton Ct. (15)

T

Tager, Mrs. Stephen N...700 S. Meadow Rd. (15)
Tisserand, Mrs. John B., Jr.
637 College Hwy. (14)
Tuholski, Mrs. James M..520 S. Roosevelt Dr. (14)
Tweedall, Mrs. Daniel C...900 S. Meadow Rd. (15)

V-W

Venables, Mrs. A. J.....420 Runnymeade (14)
Vincent, Mrs. William.....7300 E. Powell
Visher, Mrs. John W.
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Walker, Mrs. William F...1220 Cullen Ave. (15)
Walter, Mrs. Robert F.
1514 S. Kentucky Ave. (14)
Warner, Mrs. Charles L.
4120 Bellemeade Ave. (15)
Weiss, Mrs. H. G.....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B...1832 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Willison, Mrs. George W..605 St. Mary's Dr. (15)
Wilson, Mrs. David....1709 Southeast Blvd. (14)
Wilson, Mrs. John D.....921 Colony Rd. (15)
Wilson, Mrs. Ralph.....1522 Audubon Dr. (15)
Woodson, Mrs. Dan.....414 S. Kelsey (14)
Woodward, Mrs. Ben E..1032 Rosemarie Ave. (15)
Wynn, Mrs. Justice F...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr...2327 Lincoln Ave. (14)
Zeier, Mrs. Francis G.....3708 Mulberry (15)

Stover, Mrs. Wendell C.
20 Lake Shore Drive, Boonville (47601)
Crist, Mrs. John R.....320 Emmick, Mt. Vernon (47620)
Hirsch, Mrs. H. L...801 Williams Dr., Mt. Vernon (47620)
Vogel, Mrs. John L...530 E. Fifth St., Mt. Vernon (47620)
Rusche, Mrs. Henry J.....Hwy. 261, Newburgh (47630)

Zwickel, Mrs. R. E.....Darby Hills, Newburgh (47630)
Ropp, Mrs. Harold E...Church St., New Harmony (47631)
Smith, Mrs. Gordon L.....R. R. 2, New Harmony (47631)

VIGO COUNTY

Speas, Mrs. Robert C...Box 22, Seelyville (47878)

Terre Haute

A

(*Zip Code* 468 *plus zone number*)

Allen, Mrs. William H.....2605 N. 9th St. (07)
Anderson, Mrs. W. C.....380 S. 22nd St. (03)
Ault, Mrs. Roy J.....200 Lakeview Dr. (03)

B

Bannon, Mrs. William G.....2126 Ohio Blvd. (03)
Blum, Mrs. Leon L.....3200 Ohio Blvd. (03)
Bopp, Mrs. Henry W., Jr...73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr...132 Barton Ave. (03)
Bopp, Mrs. James.....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark.....44 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S.....2326 Tippecanoe (03)
Brown, Mrs. Robert R...2544 N. Ninth St. (02)
Burkle, Mrs. Robert J...128 Gardendale Rd. (03)

C-D

CaJacob, Mrs. Melville E...1000 S. Sixth St. (07)
Caldwell, Mrs. M. V.....R. R. 7, Box 449 (03)
Carpenter, Mrs. Donald J.....125 S. 20th St. (03)
Chau, Mrs. Andrew Y. S.....9 Monroe Blvd. (03)
Conforti, Mrs. Victor P.....2540 N. 10th St. (04)
Connerley, Mrs. Marion L...2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J.....207 Barton Ave. (03)
Cristee, Mrs. James W.....1221 S. 6th St. (02)
Crockett, Mrs. Wayne A.....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E.....3301 N. Center St. (05)
Dierdorf, Mrs. Fred.....103 S. 23rd St. (03)
Drummy, Mrs. W. W., Jr....231 Fruitridge (03)
Dyer, Mrs. G. Wallace.....2710 Wilson Dr. (03)

E-F

Ensey, Mrs. Philip.....1001 S. 21st St. (03)
Freed, Mrs. John E., Sr.....2408 N. 10th St. (04)
Freed, Mrs. John E., Jr...2425 N. Eighth St. (04)

G

Gerrish, Mrs. Don A.....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan.....2641 Crawford St. (03)
Gillotte, Mrs. J. P.....49 Bogart Dr. (03)
Goodman, Mrs. Hubert T.
220 Gardendale Rd. (03)
Gossom, Mrs. Donn R.....1904 Ohio Blvd. (03)

H

Haslem, Mrs. Ezra R.....30 Circle Dr. (03)
Haslem, Mrs. John R.....2501 Poplar St. (03)
Hausner, Mrs. Murray M.....510 Kean Lane (03)
Hogan, Mrs. Thomas W.....332 S. 31st St. (03)
Hoover, Mrs. D. A.....2146 8th Ave. (04)
Humphrey, Mrs. Paul E...2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward..313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr...3101 Poplar St. (03)
Kabel, Mrs. Robert N.....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W...147 Monterey Ave. (03)
Kunkler, Mrs. William C...1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell....R. R. 5, Box 405 (01)
Lancet, Mrs. Robert O.....20 Nitche Dr. (03)
Lee, Mrs. James C.....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere...700 Delaware Ave. (04)
Loewenstein, Mrs. Werner L.
1909 Ohio Blvd. (03)
Luckett, Mrs. C. L.....R. R. 2 (02)
Lyons, Mrs. L. Mason.....123 S. 21st St. (03)

M

McAleese, Mrs. George....2306 N. 10th St. (04)
McBride, Mrs. Noel S.....67 Allendale Pl. (02)
McCrea, Mrs. Fred R.....2517 N. Eighth St. (04)
McEwen, Mrs. James W.....107 Wren Dr. (03)
McLaughlin, Mrs. Gordon..R. R. 3, Box 128 (02)
Mahoney, Mrs. Charles L.
6800 Dixie Bee Rd. (02)
Malone, Mrs. L. A.....2511 N. Ninth St. (04)
Mankin, Mrs. William....175 Lakeview Dr. (03)
Mason, Mrs. Lester M.....66 Allendale Pl. (02)
Mattox, Mrs. Don M.....240 Hamilton Dr. (03)
Mattox, Mrs. Ernest.....240 Hamilton Dr. (03)
Meissel, Mrs. Robert L.....10 Monroe Blvd. (03)
Miklozek, Mrs. J. E.....2204 Ohio Blvd. (03)
Mitchell, Mrs. John R.....2421 Ohio Blvd. (03)
Musselman, Mrs. Glen..7222 Wabash Ave. (03)

N-O-P

Nay, Mrs. Ernest O.....29 S. 20th St. (03)
Neudorff, Mrs. Louis G.....213 Barton Ave. (03)
Oliphant, Mrs. Robert W.....8 31st St. Ct. (03)
Pearce, Mrs. Roy V.....269 S. 26th St. Dr. (03)
Pu, Mrs. Pin H.....230 Briarwood Dr. (03)

R

Reed, Mrs. Robert C.....1933 S. Center St. (02)
Reynolds, Mrs. Richard J...72 Allendale Pl. (02)
Richart, Mrs. James V.....336 Hamilton Dr. (03)
Rourke, Mrs. Robert F.....R. R. 4 (02)
Rubin, Mrs. Milton M.....2401 Ohio Blvd. (05)

S

Sayers, Mrs. Frank E.....436 Bluebird Dr. (03)
Sherb, Mrs. Burton E...211 Gardendale Rd. (03)
Schott, Mrs. Edward J.....653 Oak St. (07)
Schumaker, Mrs. Robert A.....R. R. 4 (02)
Scully, Mrs. William E.....2649 Oak St. (03)
Showalter, Mrs. John R., Jr.
2511 N. Eighth St. (04)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M.
1142 S. Center St. (02)
Stoelting, Mrs. J. Lewis..1919 N. Seventh St. (07)
Strecker, Mrs. William L...88 Allendale Pl. (02)
Sullivan, Mrs. John M.....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C.....3505 Ohio Blvd. (03)
Veach, Mrs. William L.....101 Allendale Pl. (02)

W-Z

Walden, Mrs. Heinz J.....1622 Ohio St. (05)
Weber, Mrs. Joseph.....2121 N. 11th St. (04)
West, Mrs. Roger F.....86 Potomac (03)
Wheeler, Mrs. Byron C.....31 Ferndale Dr. (03)
White, Mrs. James V.....R. R. 1, Box 271 (01)
Wiedemann, Mrs. Frank E...1530 S. Sixth St. (02)
Wilson, Mrs. Fred L.....1124 S. Center St. (02)
Zwerner, Mrs. Paul F...2510 N. Eighth St. (04)

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G...5 N. Foote St., Cambridge City (47327)
Kenyon, Mrs. Emil..303 Mulberry, Cambridge City (47327)
Barton, Mrs. Willoughby M.
200 N. Morton, Centerville (47330)
Shepard, Mrs. Fred F.....College Corner, Ohio (45003)
Hutchison, Mrs. Donald R.....Fountain City (47341)
Lewis, Mrs. J. Frank.....Liberty (47353)
McWilliams, Mrs. William B.....R. R. 4, Liberty (47353)

Richmond
(*Zip Code* 47374)

Adney, Mrs. Frank.....214 S. E. Parkway
Ake, Mrs. Loren.....220 S. 18th St.
Allen, Mrs. Robert T.....212 S. 21st St.
Anderson, Mrs. Robert C...Richmond State Hosp.
Ballenger, Mrs. William E.....3224 Berwyn Lane
Brooks, Mrs. G. Tanner.....29 S. 12th St.
Brown, Mrs. Richard J.....231 S. 15th St.
Coble, Mrs. Frank H.....R. R. 3, Box 38
Cox, Mrs. Leon T.
10 Clifton Rd., Spring Grove Heights
Daggy, Mrs. B. T.....2500 S. E. Parkway
Daggy, Mrs. James R.....2422 S. "D" St.
Dingle, Mrs. Paul E.....206 S. 32nd St.
Dreyer, Mrs. Ralph W.....410 S. W. "F" St.
Ebbinghouse, Mrs. Tom.....13 Parkway Lane
Gibson, Mrs. Alois E.....209 S. 16th St.
Griffis, Mrs. Vierl C.....201 S. 23rd St.
Guthrie, Mrs. James R.....3112 S. E. Parkway
Hance, Mrs. Darwood B.....3308 Glen Hills
Harmon, Mrs. Carl J.....6 Keystone, Apt. 6
Hibner, Mrs. Dan W.....2502 Locust Lane
Hill, Mrs. Harold D.....123 S. 23rd St.
Johnson, Mrs. George M.....115 S. 23rd St.
Kendall, Mrs. William R.....126 S. 24th St.
Kime, Mrs. Charles E.....2121 S. 23rd
Lee, Mrs. Glen Ward.....Greenmount Pike
Ling, Mrs. John F.....6 Parkway Lane
Logan, Mrs. James Z.....15 Parkway Lane
Loomis, Mrs. Charles H.....Garwood Rd.
McIlroy, Mrs. Richard J.....Richmond State Hosp.
Mader, Mrs. John H.....1528 Chester Blvd.
Malcolm, Mrs. Russell L...2630 Pleasant View Rd.
Meredith, Mrs. Elwood J.....200 S. 20th St.
Miller, Mrs. Harold L.....560 Tingler Rd.
Millis, Mrs. Arthur B.....2301 S. "A" St.
Park, Mrs. Byron J.....303 S. 23rd St.
Pentecost, Mrs. Paul S.....1300 Chester Blvd.
Plasterer, Mrs. Edward D.....212 S. 16th St.
Porter, Mrs. George S.....Spring Grove Heights
Ramsdell, Mrs. Glen A.....501 Henley Rd. S.
Ross, Mrs. Harry P.....220 S. 19th St.
Runge, Mrs. Paul W.....115 S. 17th St.
Sage, Mrs. Charles V.....416 S. 18th St.
Schmitt, Mrs. Robert W.....25 Circle Dr.
Sherer, Mrs. Kenneth E.....4 Parkway Lane
Shields, Mrs. Tom S.....2203 S. "E" St.
Snyder, Mrs. Morris C.....212 S. 22nd St.
Spellmeyer, Mrs. John C.....2817 Reeveston Rd.
Stepleton, Mrs. John D.....4220 Bockmeyer Rd.
Stilwell, Mrs. William R.....2607 S. "C" Pl.
Sweet, Mrs. Howard E.....Garwood Rd.
Wanninger, Mrs. Horace.....315 S. 15th St.
Warrick, Mrs. Francis B.....2106 South "B" St.
Weitemier, Mrs. Raymond A.....25 S. 25th St.
Wertenberger, Mrs. Morris.....Greenmount Pike
Wiland, Mrs. Olin K.....2603 S. "C" Pl.
Wynegar, Mrs. David E.....Richmond State Hosp.
Zore, Mrs. Joseph J.....2603 Reeveston Rd.

WELLS COUNTY

Bluffton
(*Zip Code* 46714)

Boonstra, Mrs. Charles E.
1110 Highland Pk. Circle
Bradley, Mrs. Louis F.....504 W. South St.
Caylor, Mrs. Charles H.....1220 Sycamore Lane
Caylor, Mrs. Harold D.....411 W. Market St.
Caylor, Mrs. Truman E.....920 River Rd.
Collins, Mrs. Jack T.....R. R. 3
Cook, Mrs. Robert G.....1225 Summit Ave.
Dorrance, Mrs. Thomas O.....302 Northwood Dr.
Eisaman, Mrs. Jack L.....1011 Riverview Dr.
Huebner, Mrs. Gilbert.....1120 River Rd.
Huffman, Mrs. Galen.....1000 Summit Ave.
Jackson, Mrs. Charles E.....1012 Riverview Dr.
Kephart, Mrs. S. Bruce.....P. O. 12
Matzen, Mrs. Richard N.....121 E. South St.
Mayock, Mrs. Peter P.....225 W. Central Ave.
Meier, Mrs. Donald W.....1205 Summit Ave.
Mock, Mrs. Farrell.....212 Dustman Rd.
Mudrony-Szoke, Mrs. Jeno.....841 Maple St.
Panos, Mrs. Constantine G.....Elm Grove Road
Phillips, Mrs. John F.....411 W. Washington
Pietz, Mrs. David G.....322½ E. Central Ave.
Rusher, Mrs. Merrill W.....920 Ranch Rd.
Sorg, Mrs. David.....734 Fort Wayne Rd.
Steckbeck, Mrs. Robert L.....627 McCoy Rd.
Strehler, Mrs. Donald A.....R. R. 4
Symon, Mrs. William E.....632 S. Main St.
Talbert, Mrs. Pierre C.....508 W. Cherry St.
Yoder, Mrs. Richard P.....931 S. Wayne St.

Willard, Mrs. Richard D.
P. O. Box 162, Liberty Mills (46946)

WHITE COUNTY

Derhammer, Mrs. George L.....Brookston (47923)
Fedor, Mrs. Thomas.....Monon (47959)
Houser, Mrs. Wayne.....Monon (47959)

Monticello
(*Zip Code* 47960)

Beck, Mrs. David C.....R. R. 3
Carney, Mrs. John.....R. R. 2
Dickerson, Mrs. W. Martin.....218 E. Market St.
Fields, Mrs. Max.....R. R. 3
Hibner, Mrs. Nolan A.....214 S. Illinois
Jehanyar, Mrs. M. Ali.....R. R. 5
McClure, Mrs. Stanley E.....R. R. 1
Morris, Mrs. Warren V.....R. R. 3

Baynes, Mrs. Frank L.....Wolcott (47995)

WHITLEY COUNTY

Minick, Mrs. Linus J.....N. Line St., Churubusco (46723)

Columbia City
(*Zip Code* 46725)

Hamilton, Mrs. Thomas G.....R. R. 3
Heritier, Mrs. C. Jules.....700 Hill Dr.
Langohr, Mrs. John L.....321 N. Main St.
Lehmberg, Mrs. Otto F. C.....706 West Park Dr.
Niccum, Mrs. Warren L.....Grove Park
Nolt, Mrs. Ernest V.....Westwood Park
Reid, Mrs. Donald B.....West Park Dr.
Roth, Mrs. James R.....323 N. Chauncey St.
Thompson, Mrs. Frank M.....526 E. Jefferson
Vogel, Mrs. John L.....Grove Park
Wait, Mrs. Jerome H.....R. R. 5
Wilson, Mrs. John S.....313 S. Chauncey St.

Stalter, Mrs. Gaylord W...North Webster (46555)
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle (46135)
Huffman, Mrs. Verlin P.
701 State St., South Whitley (46787)

MEMBERS-AT-LARGE

Artz, Mrs. Richard W.
606 Darling, Angola, Steuben (46703)
Beardsley, Mrs. Frank A.
751 E. South St., Frankfort, Clinton (46041)
Benz, Mrs. Jesse C.
Box 115, Marengo, Harrison-Crawford (47140)
Blessinger, Mrs. Louis H.
738 N. Capitol Ave., Corydon, Harrison-Crawford (47112)
Bogardus, Mrs. Carl R.
Kyana Farm, Austin, Scott (47102)
Burkhardt, Mrs. Boyd
328 N. West St., Tipton, Tipton (46072)

Cameron, Mrs. Don F.
313 E. Maumee, Angola, Steuben (46703)
Carneal, Mrs. Thomas E.
305 S. Market St., Winamac, Pulaski (46996)
Carter, Mrs. Jean V.
215 Green St., Tipton, Tipton (46072)
Castro, Mrs. Ignacio B., Jr.,
685 Wanda St., Scottsburg, Scott (47170)
Coleman, Mrs. F. B.,
Box 98, Waterloo, Fayette (46793)
Compton, Mrs. George L.
221 N. Independence, Tipton, Tipton (46072)
Compton, Mrs. R. L.
1867 Trevilian Way, Louisville 5, Ky. (40205)
Ericson, Mrs. Harold L.
Box 366, Windfall, Tipton (46076)
Farris, Mrs. John J.....2 Brettwood Dr., Washington, Daviess (47501)
Fisher, Mrs. John E.,
206 E. Main St., Attica, Fountain (47918)
Garvin, Mrs. Donald B.....R. R. 3, Brazil, Clay (47834)
Geisinger, Mrs. L. N.,
805 S. Indiana Ave., Auburn, DeKalb (46706)
Graves, Mrs. Noel S.....404 W. Main, Vevay, Switzerland (47043)
Hall, Mrs. Donald L.
R. R. 1, Petersburg, Pike (47567)
Hare, Mrs. Francis W.....705 W. Second St., Madison, Switzerland (47250)
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler, DeKalb (46721)
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville, Ripley (47006)
Hoffman, Mrs. Max N.....227 Elm Dr., Covington, Fountain (47932)
Hollenburg, Mrs. Edward L.
501 Huddleston Rd., Winamac, Pulaski (46996)
Huckleberry, Mrs. Irvin E...502 W. Mulberry St., Salem, Adams (47167)
Hughes, Mrs. W. Bradley,
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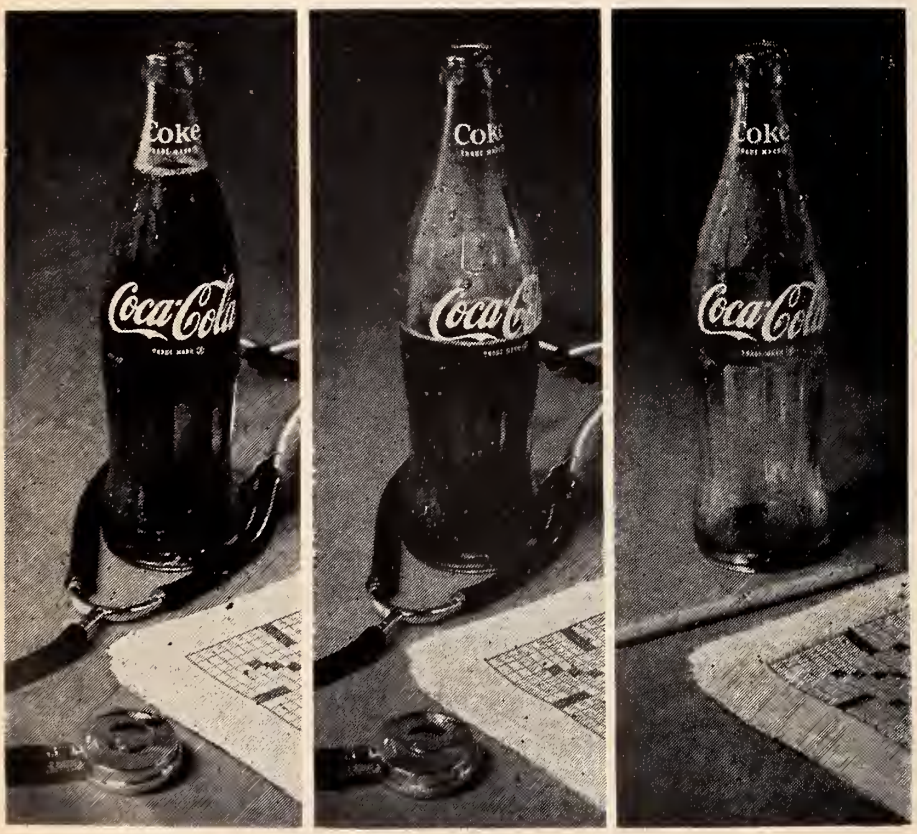
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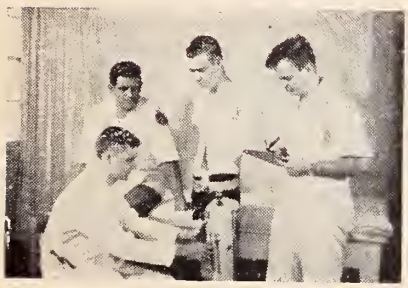
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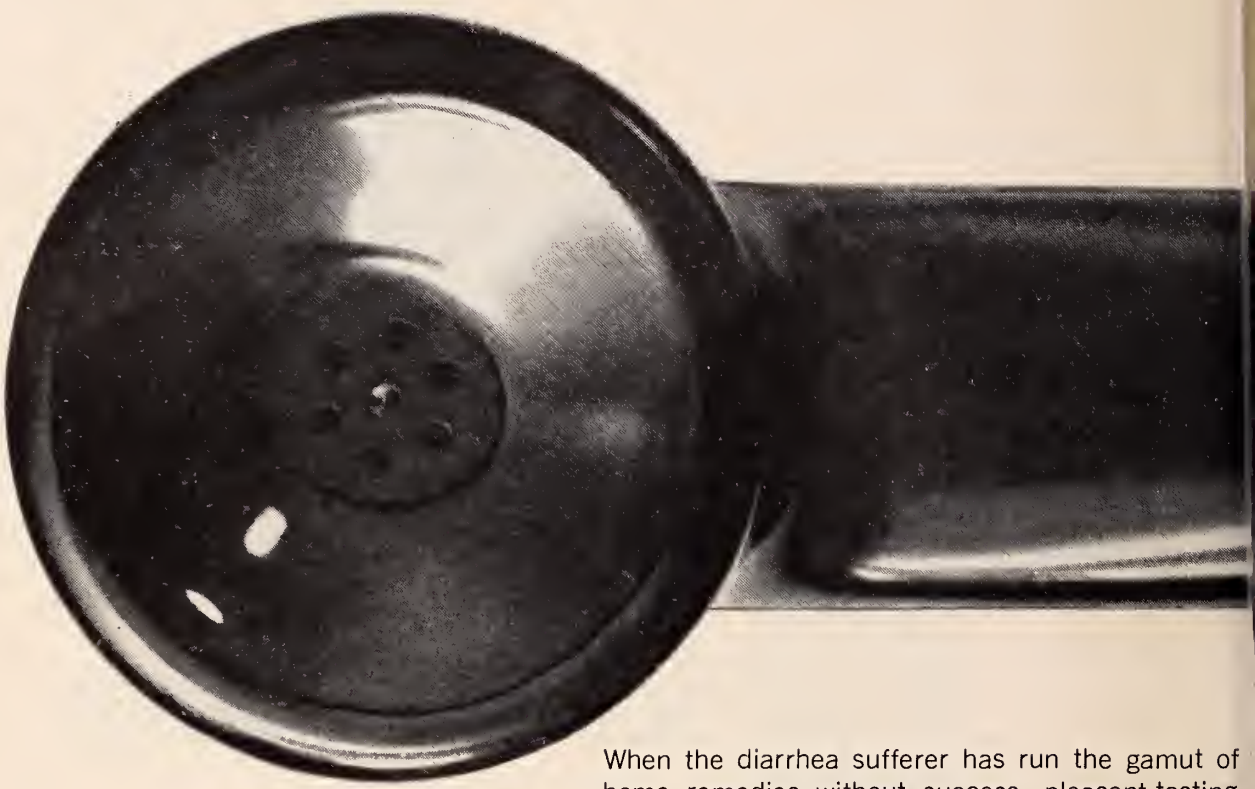
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April, 1966

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X St. Mary's Hospital	Evansville	Sister Gertrude, R.N.
Lutheran Hospital	Fort Wayne	Mrs. Carrie M. Filion, R.N.
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.
St. Joseph's Hospital	Fort Wayne	Sister M. Theodorita, R.N.
X Methodist Hospital	Gary	Mrs. JoAnn Rowe, R.N.
St. Mary Mercy Hospital	Gary	Mrs. Mary Gulyassy, R.N.
X St. Margaret Hospital	Hammond	Sister M. Huberta, R.N.
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.
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Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

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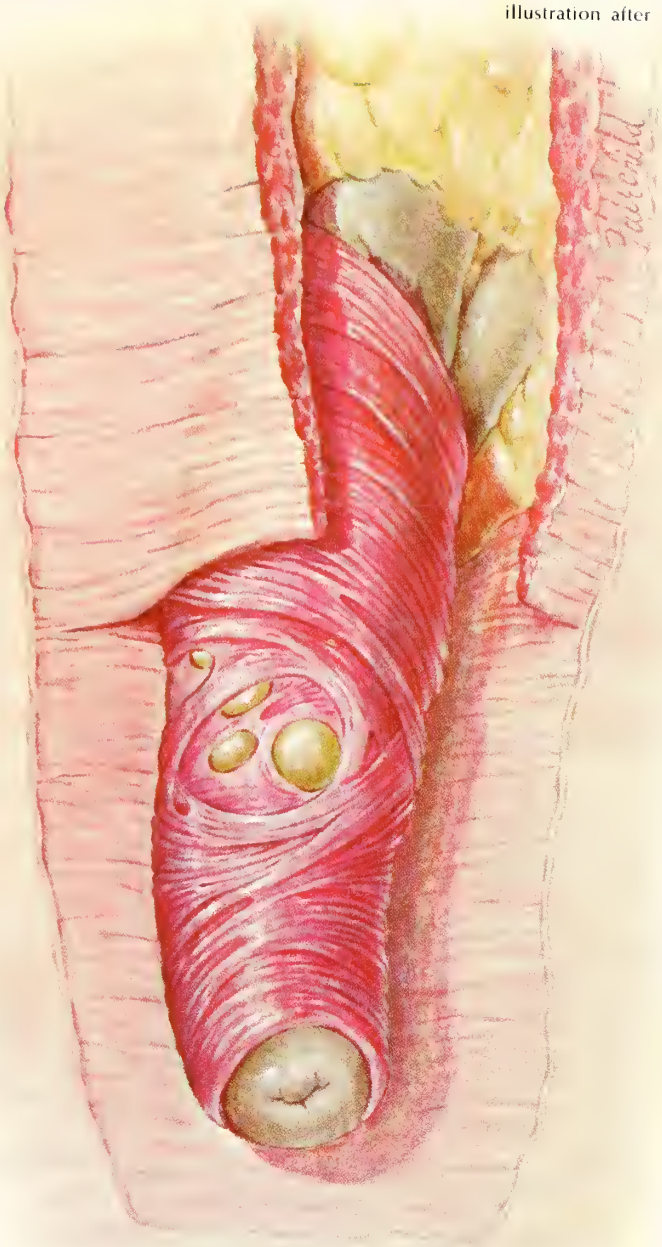
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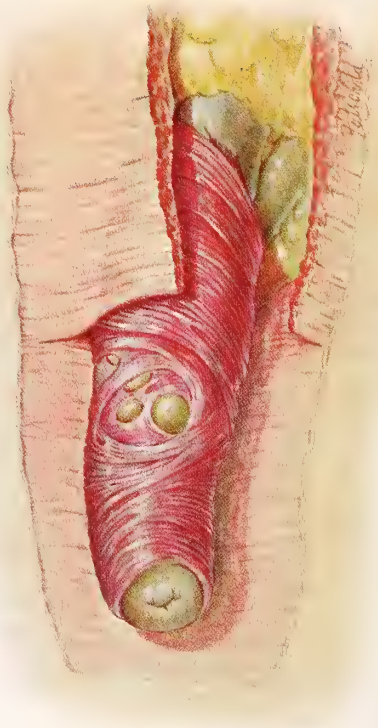
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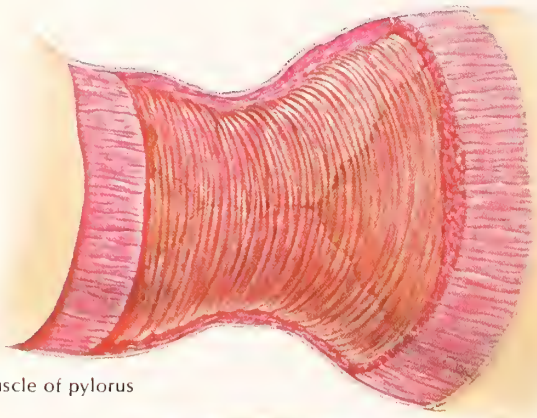
INDICATIONS: Smooth muscle spasmolytic for use in spastic colon, spastic conditions of the gastrointestinal tract, biliary dyskinesia, cholecystitis, spasm associated with peptic ulcer,* achalasia, pylorospasm, spasm attendant to diarrhea, spastic conditions of the genitourinary tract attributable to inflammation and calculi, certain primary dysmenorrheas and as an aid in cystoscopic, esophagoscopic and gastroscopic examinations. DOSAGE: One tablet after meals 1 to 3 times daily at discretion of physician. When treating spasm associated with peptic ulcer, achalasia or pylorospasm, administer tablets ½ hour before meals. In dysmenorrhea, one tablet 3 times daily starting at onset of discomfort. PRECAUTION: Caution is recommended when using in hypotensive patients. SIDE EFFECTS: In common with other smooth muscle depressants, Spacolin temporarily lowers blood pressure.

*Antacid and dietary measures are of primary importance in ulcer treatment and should not be neglected.

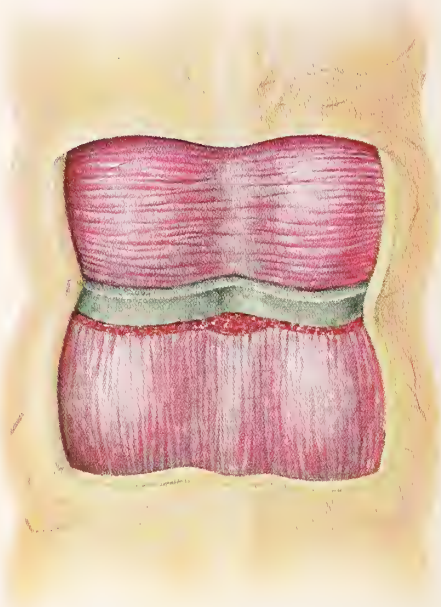
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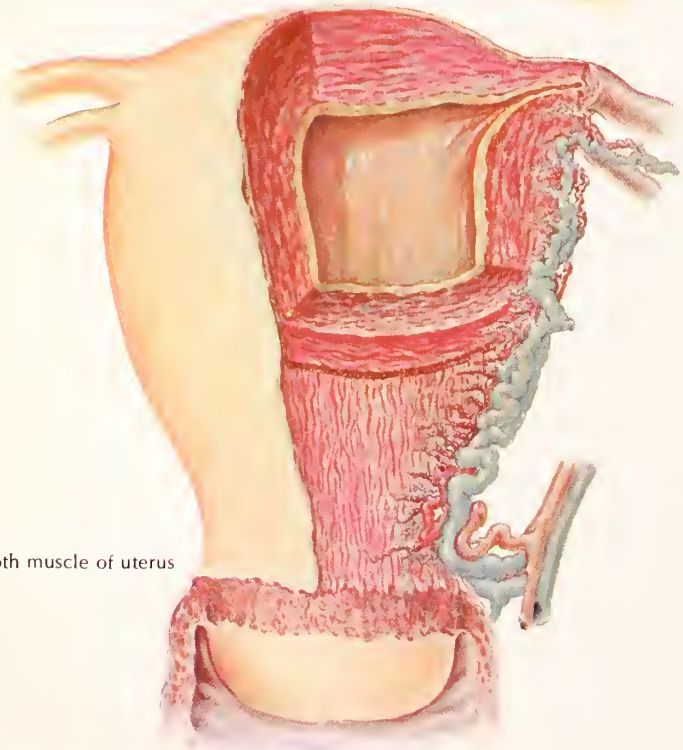
smooth muscle sphincter of Oddi



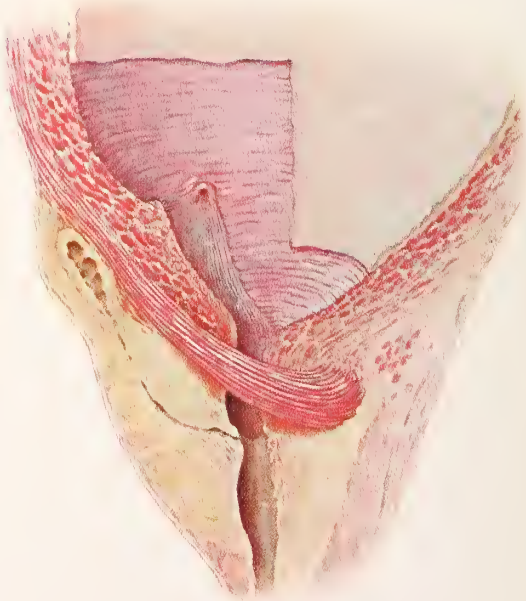
smooth muscle of pylorus



smooth muscle of colon

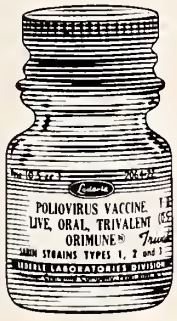


smooth muscle of uterus



smooth muscle of urinary bladder

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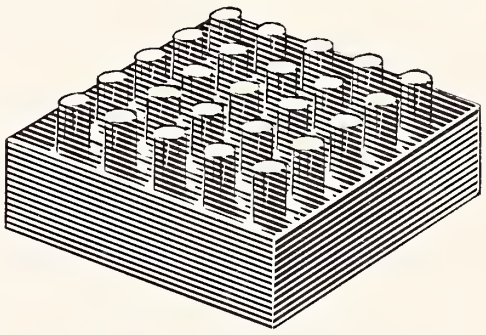
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In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.
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*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.

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Professional Medical and Allied Organizations

Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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* Dr. Hudson will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

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Disease	Apr. 1966	Mar. 1966	Feb. 1966	Apr. 1965	Apr. 1964
Animal Bites	844	884	326	738	904
Chickenpox	481	871	1029	324	723
Conjunctivitis	134	469	154	70	207
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	35	52	196	34	71
Gonorrhea	368	492	346	322	312
Impetigo	68	150	101	48	146
Infectious Hepatitis	34	56	49	32	71
Infectious Mononucleosis	98	88	97	42	97
Influenza	1694	3885	1243	652	506
Measles (Rubeola-Rubella)	1456	1591	1000	523	6868
Meningitis, Meningococcal	12	18	7	6	9
Meningitis, Other	2	3	4	7	9
Mumps	402	671	436	208	1422
Pertussis	9	19	7	13	53
Pneumonia	548	669	310	199	344
Poliomyelitis	0	0	0	0	0
Streptococcal Infection	1178	2571	2287	458	903
Syphilis					
Primary & Secondary	4	4	8	6	6
All Other Syphilis	94	105	76	114	105
Tinea Capitis	13	55	11	5	27
Tuberculosis (Active)	59	128	62	92	169

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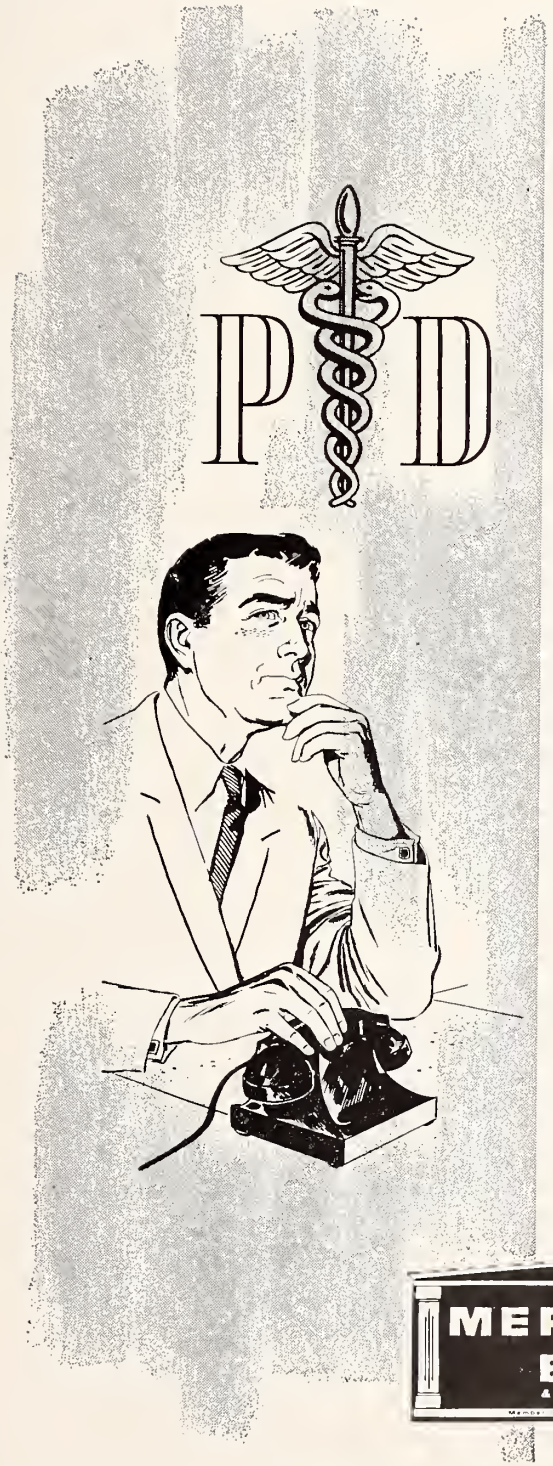
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Hendricks County Hospital.
1000 E. Main St., Danville.
Mr. Harry T. Haver, Jr., Adm.

HENRY COUNTY

Henry County Hospital.
Rural St., New Castle.
Mr. Herbert A. Schacht, Adm.

HOWARD COUNTY

Howard Community Hospital.
3500 S. LaFountain St., Kokomo.
Mr. George R. Banjak, Adm.

St. Joseph Memorial Hospital.
1907 W. Sycamore St., Kokomo.
Sister Ann Rita, Adm.

HUNTINGTON COUNTY

Huntington County Hospital.
1215 Etna Ave., Huntington.
Mr. Carl S. Smyth, Adm.

JACKSON COUNTY

Jackson County Schneck Memorial Hospital.
Bruce and Poplar St., Seymour.
Mr. Ralph W. Keyes, Adm.

JASPER COUNTY

Jasper County Hospital.
E. Grace St., Rensselaer.
Mrs. Ruth Schumaker, R.N., Adm.

JAY COUNTY

Jay County Hospital.
505 W. Arch St., Portland.
Mr. Warren Phemister, Adm.

JEFFERSON COUNTY

The King's Daughters' Hospital.
112 Presbyterian Ave., Madison.
Mr. W. A. McAlexander, Adm.

JOHNSON COUNTY

Indiana Masonic Home Hospital.
690 State St., Franklin.
Mr. Roy Turner, Jr., Supt.

Johnson County Memorial Hospital.
P.O. Box 236, Franklin.
Mr. George P. Goshorn, Adm.

KNOX COUNTY

Good Samaritan Hospital.
410 S. 7th St., Vincennes.
Mr. Charles Arends, Adm.

Hillcrest Tuberculosis Hospital.
North 2nd St. Road, Vincennes.
J. Frank W. Stewart, M.D., Adm.

KOSCIUSKO COUNTY

Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mrs. Hazel J. Murphy, Adm.

LAGRANGE COUNTY

LaGrange County Hospital.
R.R. 1, LaGrange.
Miss Edythe L. Gappinger, R.N., Adm.

LAKE COUNTY

James O. Parramore Hospital.
106 Road O, Crown Point.
Norman J. Wilson, M.D., Adm.

The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Ph.D., Adm.

Our Lady of Mercy Hospital.
U. S. Highway 30, Dyer.
Sister M. Frances Xavier, Adm.

St. Catherine Hospital.
4321 Fir St., East Chicago.
Sister M. Martine, R.N., Adm.

St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Delphina, R.N., Adm.

St. Mary Mercy Hospital of Gary, Inc.
540 Tyler St., Gary.
Sister M. Cornelia, R.N., Adm.

LAPORTE COUNTY

Community Hospital of LaPorte, Inc.
215 Pine Lake Ave., LaPorte.
Mr. L. H. Furlong, Adm.

Holy Family Hospital.
205 "E" St., LaPorte.
Sister M. Nola, Adm.

Memorial Hospital of Michigan City.
5th and Pine Sts., Michigan City.
Mr. Byron N. Whitford, Adm.

St. Anthony Hospital.
Wabash and Ann Sts., Michigan City.
Sister M. Verenis, Adm.

Walters Hospital, Inc.
3714 S. Franklin St., Michigan City.
Mr. Raymond A. Anderson, Adm.

Continued

APPROVED HOSPITALS

Continued

LAWRENCE COUNTY

Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mrs. Helen Boyer, R.N., Adm.

MADISON COUNTY

Community Hospital of Anderson and Madison County.
1515 N. Madison Ave., Anderson.
P.O. Box 2479.
Mr. Gordon S. Boughton, Adm.

Mercy Hospital, Inc.
1331 South "A" St., Elwood.
Sister M. Andrea, R.N., Adm.

St. John's Hickey Memorial Hospital.
127 W. 19th St., Anderson.
Sister M. Theodora, Adm.

MARION COUNTY

Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave., Indianapolis.
Mr. W. C. McLin, Adm.

Indiana University Medical Center Hospitals.
1100 W. Michigan St., Indianapolis.
Mr. Elton T. Ridley, Dir. of Hosps.

Marion County General Hospital.
960 Locke St., Indianapolis.
Arvine G. Popplewell, M.D., Dir. of Hosps.

Winona Memorial Hospital.
3202 N. Meridian St., Indianapolis.
Mr. John D. Worley, Jr., Adm.

Methodist Hospital of Indiana, Inc.
1604 N. Capitol Ave., Indianapolis.
Mr. Jack A. L. Hahn, Adm.

St. Elizabeth's Maternity Hospital and Infant Home.
2500 Churchman Ave., Indianapolis.
Rev. Donald Schmidlin, Adm.

St. Francis Hospital.
101 N. Seventeenth St., Beech Grove.
Sister M. Alfreda, Adm.

St. Vincent's Hospital.
120 W. Fall Creek Parkway, Indianapolis.
Sister Mary Helen, Adm.

University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis.
Mr. Donald L. Ciolli, Adm.

MARSHALL COUNTY

Community Hospital of German Township, Inc.
411 W. Grant St., Bremen.
Mr. Robert Moat, Adm.

Parkview Hospital.
1401 N. Michigan St., Plymouth.
Miss Lela Diefenbaugh, R.N., Adm.

MIAMI COUNTY

Dukes Memorial Hospital.
275 West 12th St., Peru.
Mr. Robert L. Allman, Adm.

MONROE COUNTY

Bloomington Hospital.
605-625 W. Second St., Bloomington.
Mr. John H. Shephard, Adm.

MONTGOMERY COUNTY

Montgomery County Culver Union Hospital.
308 Binford St., Crawfordsville.
Mr. Wm. R. Saunders, Adm.

MORGAN COUNTY

Kendrick Hospital, Inc.
130 N. Indiana St., Mooresville.
William Kendrick, M.D., Adm.

Morgan County Memorial Hospital.
St. Rd. 252, Martinsville.
Mr. Ernest Baughman, Adm.

NEWTON COUNTY

George Ade Memorial Hospital.
Ind. Highway #16.
Brook, Ind.
Mrs. Helen M. Borman, Actng. Adm.

NOBLE COUNTY

McCray Memorial Hospital.
Hospital Dr., Kendallville.
Mr. Ronald N. Strand, Adm.

ORANGE COUNTY

Orange County Hospital.
Sandy Hook Road, Paoli.
Miss Kathryn Landers, R.N., Adm.

PARKE COUNTY

Indiana State Hospital for Chest Diseases.
R.R. 1, Rockville.
William D. May, M.D., Supt.

PERRY COUNTY

Perry County Memorial Hospital.
Box 26, Tell City.

PORTER COUNTY

Porter Memorial Hospital.
814 LaPorte Ave., Valparaiso.
Mr. Arthur S. Malasto, Adm.

PULASKI COUNTY

Pulaski Memorial Hospital.
State Road 14, East, Winamac.
Mr. Benjamin L. Underwood, Adm.

PUTNAM COUNTY

Putnam County Hospital.
330 Greenwood Ave., Greencastle.
Mr. James F. Shepherd, Adm.

RANDOLPH COUNTY

Randolph County Hospital.
Oak Street, Winchester.
Mr. Harvey Norris, Adm.

Union City Memorial Hospital Association.
900 N. Columbia St., Union City.
Miss Kathryn E. Larrance, Adm.

RIPLEY COUNTY

Margaret Mary Hospital.
R. R. 3, Batesville.
Sister M. Theresa, Adm.

RUSH COUNTY

Rush Memorial Hospital.
1300 N. Main St., Rushville.
Mr. Edmund A. Sankowski, R.Ph., Adm.

SCOTT COUNTY

Scott County Memorial Hospital.
Highway 31 North, Scottsburg.
Mrs. Margaret Collet, Actng. Adm.

SHELBY COUNTY

William S. Major Hospital.
150 W. Washington St., Shelbyville.
Mr. Roland E. Kohr, Adm.

ST. JOSEPH COUNTY

Healthwin Hospital.
20531 West Darden Road, South Bend.
E. W. Custer, M.D., Adm.

Memorial Hospital of South Bend.
615 N. Michigan St., South Bend.
Mr. Richard W. Trenkner, Adm.

St. Joseph Hospital.
215 W. 4th St., Mishawaka.
Sister M. Maureen, Adm.

St. Joseph's Hospital.
811 E. Madison St., South Bend.
Sister M. Cecilian, Adm.

South Bend Osteopathic Hospital.
2515 E. Jefferson Blvd., South Bend.
A. F. Kull, D.O., Adm.

STARKE COUNTY

Starke Memorial Hospital.
102 E. Culver Road, Knox.
Mr. Lynn L. Landis, Adm.

STEUBEN COUNTY

Cameron Memorial Hospitals, Inc.
416 E. Maumee, Angola.
Mrs. Harriet Angus, R.N., Adm.

Elmhurst Hospital, Inc.
909 W. Maumee, Angola.
Mr. T. Ray Alwood, Actng. Adm.

SULLIVAN COUNTY

Mary Sherman Hospital.
320 N. Section St., Sullivan.
Mr. William H. Sluder, Adm.

TIPPECANOE COUNTY

Lafayette Home Hospital, Inc.
2400 E. South St., Lafayette.
Mr. Franklin E. Simek, Adm.

Purdue University Student Health Center.
Purdue University.
West Lafayette, Ind.
Loyal W. Combs, M.D., Adm.

St. Elizabeth Hospital.
1501 Hartford Street, Lafayette.
Sister M. Amelia, R.N., Adm.

TIPTON COUNTY

Tipton County Memorial Hospital.
1032 South Main Street, Tipton.
Mr. James C. Talley, Adm.

VANDERBURGH COUNTY

Boehne Tuberculosis Hospital.
Boehne Hospital Rd., Station B., Evansville.
Mr. Vernon J. Stannard, Adm.

Protestant Deaconess Hospital.
600-700 Mary St., Evansville.
Mr. David A. Johnson, Adm.

St. Mary's Hospital, Inc.
3700 Washington Ave., Evansville.
Sister Juliana, Adm.

Welborn Memorial Baptist Hospital, Inc.
412 S.E. 4th St., Evansville.
Mr. Nolan R. Lackey, Adm.

VERMILLION COUNTY

Vermillion County Hospital.
801 S. Main St., Clinton.
Miss Beulah Fisher, R.N., Adm.

VIGO COUNTY

St. Anthony Hospital.
1021 S. 6th St., Terre Haute.
Sister M. Henrita, Adm.

Union Hospital, Inc.
1606 N. 7th St., Terre Haute.
Mr. Joseph B. Mackey, Adm.

WABASH COUNTY

Wabash County Hospital.
670 N. East St., Wabash.
Mr. Richard G. Shedd, Adm.

WARREN COUNTY

Community Hospital.
412 N. Monroe St., Williamsport.
Mr. George H. James, Jr., Adm.

WASHINGTON COUNTY

Washington County Memorial Hospital.
911 N. Shelby Street, Salem.
Mr. John R. Webb, Adm.

WAYNE COUNTY

Reid Memorial Hospital.
Spring Grove, Richmond.
Mr. G. Dale Splitstone, Adm.

WELLS COUNTY

Clinic Hospital.
309 S. Main St., Bluffton.
Mr. Ronald M. Adams, Adm.

Wells County Hospital.
1116 S. Main St., Bluffton.
Mrs. Dorothy Elett Radkey, R.N., Adm.

WHITE COUNTY

White County Memorial Hospital.
Monticello.
Mr. Martin E. Tullis, Adm.

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APPROVED HOSPITALS

Continued

WHITLEY COUNTY

Memorial Hospital.
215 E. Van Buren St., Columbia City.
Mr. Carl F. Arntson, Adm.

Whitley County Memorial Hospital.
353 N. Oak St., Columbia City.
Mr. Stanley S. Mullendore, Adm.

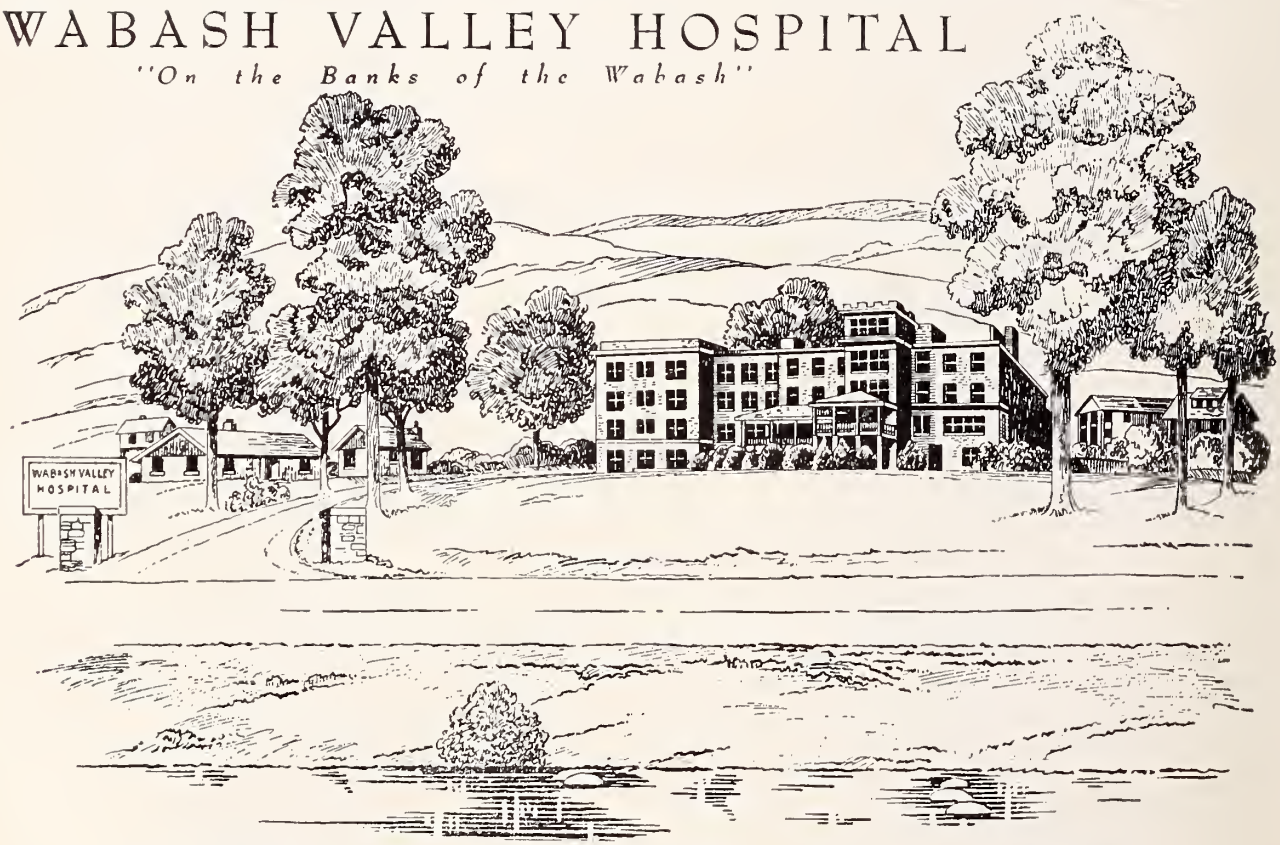
Approved Mental Hospitals in Indiana

See State-Operated Mental Institutions, Page 678.

Clearview Hospital.
Kratzville Road, Evansville.
Mr. William J. Bulger, Adm.

Wabash Valley Sanitarium.
Lafayette.
Mr. Donald R. Kinzer, Bus. Mgr.

WABASH VALLEY HOSPITAL
"On the Banks of the Wabash"



A hospital for the treatment of Neuro Psychiatric Disorders
Open Psychiatric and consulting staff
DONALD R. KINZER, Administrator
West Lafayette, Indiana Phone Ri. 3-3841

to help relieve pain in common anorectal disorders

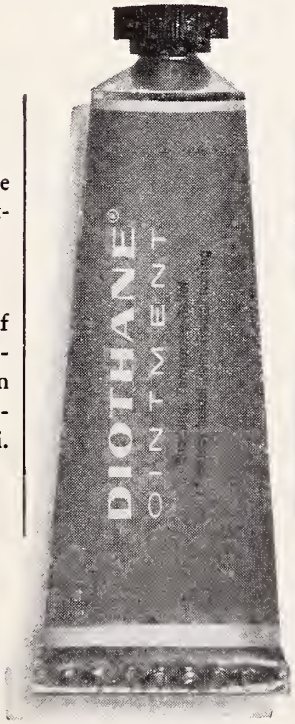
"non-caine" Diothane®

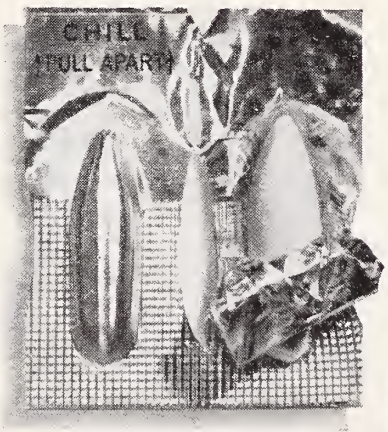
Diothane—with its chemically distinct "non-caine" anesthetic agent diperodon—provides effective temporary topical anesthetic and emollient actions for soothing relief of anorectal pain. Anesthetic activity is effective and relatively prolonged; sensitization is infrequent. Reports to Merrell on 1,500 patients treated pre- and postoperatively with Diothane Ointment, indicate only 22 developed local skin reactions. Reactions to Diothane have been burning or stinging sensations and a few cases of allergic manifestations. An additional advantage: Diothane Ointment and Suppositories are mildly antiseptic. Prescribe or recommend either form...both are now available.

DIOTHANE OINTMENT

COMPOSITION:
diperodon 1.0%; oxyquinoline benzoate 0.1% in a special ointment base.

INDICATIONS:
Provides temporary palliation of pain that may result from hemorrhoidectomy and from common anorectal disorders such as hemorrhoids, anal fissures, pruritus ani.





DIOTHANE SUPPOSITORIES

COMPOSITION:
Each suppository, weighing approximately 2.6 Gm., contains diperodon 1.0%; urea 10.0%; oxyquinoline benzoate 0.1% in a special hydrophilic suppository base. A unique shape keeps the suppository in intimate contact with mucous membranes.

INDICATIONS:
Provide for temporary palliation of pain caused by hemorrhoids and pruritus ani.

Merrell

THE WM. S. MERRELL COMPANY
Division of Richardson-Merrell Inc.
Cincinnati, Ohio 45215/Weston, Ontario

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION
ANNUAL CONVENTION
Date June 26-30, 1966
Place Chicago, Ill.

INDIANA STATE MEDICAL ASSOCIATION
CONVENTION
Date October 10-13, 1966.
Place French Lick, Indiana

INDIANA HOSPITAL ASSOCIATION
Date Nov. 2-4
Place Marott Hotel, Indianapolis

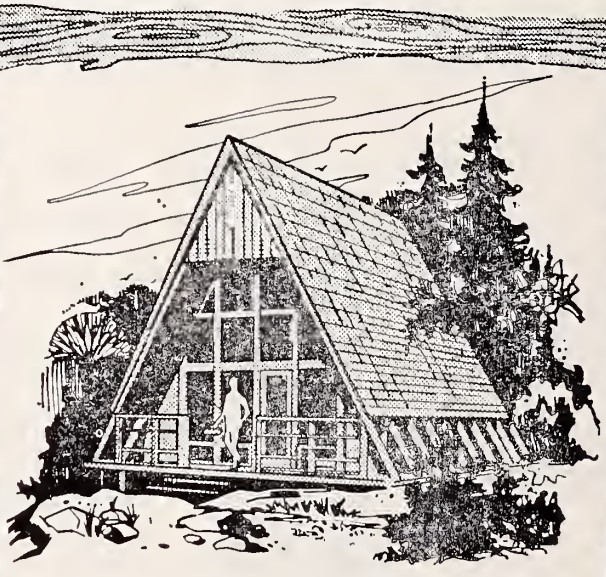
NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA NEUROPSYCHIATRIC ASSOCIATION
Date Second Wednesday of every month, October through May
Place The Athenaeum, Indianapolis

TIMBER LODGE
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Precut — 3 widths — any length — with porches. Pre-finished Redwood. Living area actually 16′, 20′, 24′ wide. Optional windows in sidewalls.

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• For appointment anytime
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Doctor,

Here is the Abbott anorectic program designed to meet the individual needs of your overweight patients.

ABBOTT



mood elevation

Abbott
Anorectic
Program

DESOXYN® Gradumet® (methamphetamine hydrochloride)

Smooth appetite control plus mood elevation.

The obese patient on a diet often has to battle depression as well as overweight. Desoxyn Gradumet helps the dieter in both battles by elevating the mood while it curbs the appetite. Thanks to the Gradumet, medication is smoothly released all-day from a single oral dose.

If she can't take plain amphetamine, put her on DESBUTAL® Gradumet

Calms anxieties; controls compulsive eating.

Desbutal Gradumet provides 2 drugs in 2 tablet sections, combined back to back to form a single tablet. One section contains Desoxyn to curb the appetite and lift the mood; the other contains Nembutal® (pentobarbital) to calm the patient and counteract any excessive stimulation.

Both drugs are released in an effective dosage ratio throughout the day.

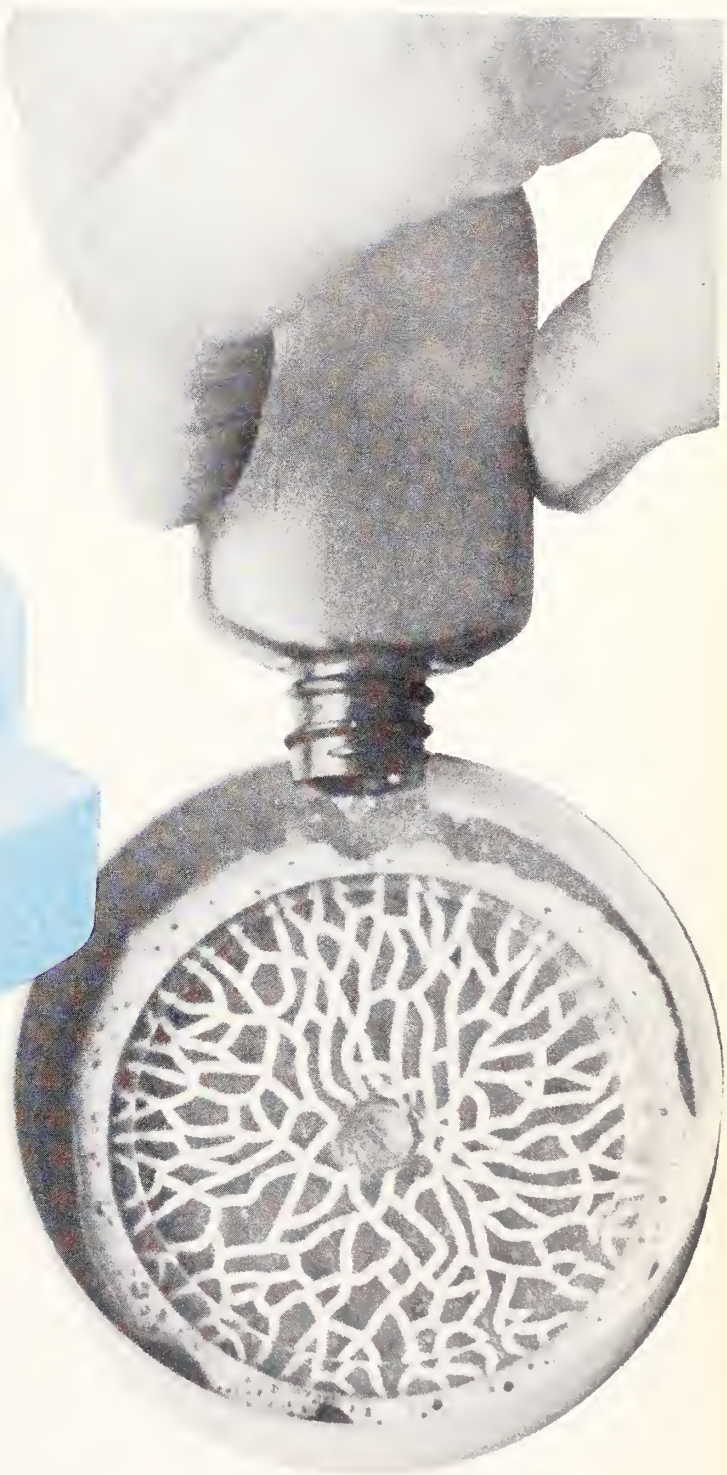


controlled release

Abbott

Not all long-release vehicles are the same. Here is why the Gradumet is different and what it means for your overweight patients.





The release action is purely physical and relies on only one factor common to every patient: gastrointestinal fluid. There is no dependence on enteric coatings, enzymes, motility, or an "ideal" ion concentration in the gastrointestinal tract.

Your patients get a measured amount of medication, moment by moment, throughout the day.

They are not subjected to ups and downs of drug release . . . or to erratic release from patient to patient . . . or to erratic release in the same patient from day to day.

That's why the Gradumet provides controlled-release as well as long release.

Perhaps you saw the Gradumet model demonstration which shows that the release is entirely physical. When fluid is added, the drug in the outer ends of the channels dissolves. As fluid penetrates deeper into the channels, there is a continuous release of medication. The rate of release is rigidly controlled by the size and number of channels.

choice of 5 strengths

Abbott Anorectic Program

DESOXYN Gradumet
Methamphetamine Hydrochloride in Long-Release Dose Form



5 mg. 10 mg. 15 mg.

DESBUTAL 10 Gradumet
10 mg. Methamphetamine Hydrochloride,
60 mg. Pentobarbital Sodium



Front Side

DESBUTAL 15 Gradumet
15 mg. Methamphetamine Hydrochloride,
90 mg. Pentobarbital Sodium



Front Side

samples available



Each sample contains 6 tablets and a filled Sucaryl® Sweetener dispenser. For a supply, write Abbott Laboratories or ask your Abbott man.



economy

Patients, in many cases, save enough to get five weeks of medication for the price of four, compared to other leading long-release anorectics.

CONTRAINDICATION: Desoxyn and Desbutal are contraindicated in patients taking a monoamine oxidase inhibitor.

PRECAUTIONS: Use with caution in patients with hypertension, cardiovascular disease, hyperthyroidism, old age, or those sensitive to sympathomimetic drugs or ephedrine and its derivatives. Careful supervision is advisable with maladjusted individuals.

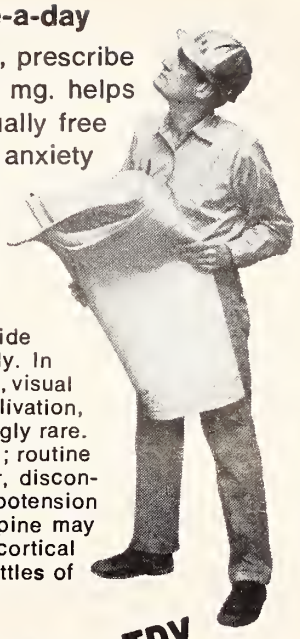
ABBOTT

Gradumet—long-release dose form, Abbott: U.S. Pat. No. 2,987,445.
Sucaryl—Abbott brand of low and non-caloric sweeteners.

601060

Blueprint for dealing with tension due to stress — Prolixin — once-a-day

For the patient who must be on the job mentally as well as physically, prescribe Prolixin. The prolonged tranquilizing action of as little as one or two mg. helps him cope with tension all day long. Markedly low in toxicity and virtually free from usual sedative effects, Prolixin is effective in controlling both anxiety associated with somatic disorders and anxiety due to environmental or emotional stress. Patient acceptance is good — because Prolixin is low in cost, low in dosage and low in sedative activity. Prescribe Prolixin.



Side Effects, Precautions, Contraindications: As used for anxiety and tension, side effects are unlikely. Reversible extrapyramidal reactions may develop occasionally. In higher doses for psychotic disorders, patients may experience excessive drowsiness, visual blurring, dizziness, insomnia (rare), allergic skin reactions, nausea, anorexia, salivation, edema, perspiration, dry mouth, polyuria, hypotension. Jaundice has been exceedingly rare. Photosensitivity has not been reported. Blood dyscrasias occur with phenothiazines; routine blood counts are recommended. If symptoms of upper respiratory infection occur, discontinue the drug and institute appropriate treatment. Do not use epinephrine for hypotension which may appear in patients on large doses undergoing surgery. Effects of atropine may be potentiated. Do not use with high doses of hypnotics or in patients with subcortical brain damage. Use cautiously in convulsive disorders. **Available:** 1 mg. tablets. Bottles of 50 and 500. For full information, see Product Brief.

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May, 1966

ADAMS COUNTY

Berne Nursing Home
906 W. Main St., Berne
Pauline Hostetler, L.P.N., Adm.

Cooper Rest Home
111 North Third St., Decatur
John R. and Janet E. Cooper, R.N., Adms.

ALLEN COUNTY

Allen County Home
12101 Lima Rd., R. R. 13, Ft. Wayne
Thomas A. Katsanis, Adm.

Crow's Haven
2440 Bowser Ave., Fort Wayne
Lyle B. Crow, Adm.

East Creighton Nursing Home
927 E. Creighton St., Ft. Wayne
Mary M. Poindexter, Adm.

Glenacres, Inc.
3420 E. State St., Fort Wayne
Jack Mochamer, Pres.

Grace Convalescent Home
1529 California Ave., Ft. Wayne
Emma L. Meyer, Adm.

Hope Manor
611 W. Wayne St., Fort Wayne
Charles W. and Ruby J. Setser, Adms.

Lawton Nursing Home, Inc.
1649 Spy Run Ave., Fort Wayne
Walter C. Buuck, L.P.N., Adm.

Lutheran Homes, Inc.
6701 S. Anthony Blvd., Ft. Wayne
Fred L. Nieno, Adm.

The Meadows
4626 Sandpoint Rd., Ft. Wayne
Geneva Stech, Adm.

Parnell Park Nursing Home
3811 Parnell Ave., Ft. Wayne
Gerald Almond, Adm.

The Towne House
2209 St. Joe Center Rd., Ft. Wayne
Marvin Isley, Adm.

Twin Maples Sanatarium
734 W. Washington Blvd., Fort Wayne
Laszlo and Elizabeth Szegedy, Adms.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus
Mildred Drake, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope
Harold Chandler, Adm.

Luther Nursing Home
837 Fourth St., Columbus
Mary Luther, Adm.

Neal's Nursing Home
R.R. 4, Columbus
William J. and Lois Neal, Adms.

Shady Nook Rest Home
R. R. 8, Columbus
Louanna Niemoeller, Adm.

BENTON COUNTY

Benton County Home
R. R. 1, Oxford
Kenneth Farney, Adm.

Mary's Nursing Home
Maple & Elm, Earl Park
Mary Belange, Adm.

BLACKFORD COUNTY

Blackford County County Home
R. R. 1, Hartford City
Loren Conner, Adm.

Jackson Nursing Home #1
423 S. Main St., Montpelier
Laura Ledbetter, Adm.

Jackson Nursing Home #2
110 E. Huntington St., Montpelier
Laura Ledbetter, Adm.

Waldo House
511 W. Washington St., Hartford City
Martha Waldo, Adm.

BOONE COUNTY

Boone County Home
R. R. 2, Lebanon
Marion D. Copeland, Adm.

English Nursing Home
1015 N. Lebanon, Lebanon
Bessie May English, Adm.

Indiana Baptist Home, Inc.
R. R. 1, Zionsville
William Keith, Adm.

Maple Lawn Nursing Home
195 N. Maple, Zionsville
Helena B. Davis, Adm.

Red's Residential Care Home
1404 W. Camp, Lebanon
Mary R. Red, Adm.

CARROLL COUNTY

The Brethren Home, Inc.
R. F. D. 2, Box 97, Flora
William L. Livingston, Adm.

Fix Community Home, Inc.
404 S. Center St., Flora
Charles E. Fix, Adm.

Fix Community Home, Inc., of Delphi
321 E. Monroe, Delphi
Charles E. Fix, Adm.

Good Will Nursing Home
Main and Monroe Sts., Camden
Thomas and Mildred Shockley, Adms.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport
Oliver and Louise Mikesell, Adms.

The Neal Home
2518 George St., Logansport
Mrs. Donald Lutes, Adm.

Rest Haven Home
731 North St., Logansport
Olive S. Jones, L.P.N., Adm.

CLARK COUNTY

Hillcrest Nursing Home, Inc.
203 Sparks Ave., Jeffersonville
A. Lyle Havens, M.D., Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville
Anna Schimpff, Adm.

Perkins Nursing Home
1315 Spring St., Jeffersonville
Dovie Perkins, Adm.

Twilight Nursing Home
418 Riverside Dr., Jeffersonville
Delilah Jean Goodwin, Adm.

CLAY COUNTY

MaCanell Nursing Home
R. R. 2, Box 139, Center Point
Hugh W. McCann, Adm.

The Stinson Home
601 S. Leavitt St., Brazil
Helen Stinson, Adm.

Wilson Nursing Home
R. R. 5, Brazil
Jack Wilson and Juanita Mayle, Adms.

CLINTON COUNTY

Ashley Nursing & Convalescent Home
R. R. 6, Frankfort
Francis J. and Jean A. Hladik, Adms.

Bisel Nursing Home
551 E. Walnut St., Frankfort
B. H. Bisel, Adm.

Brock Nursing Home
R. R. 4, Frankfort
Everett and Margaret Brock, Adms.

Clinton County Home
R. R. 2, Frankfort
Russell Williams, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry
Rev. Russell Bussabarger, Adm.

Newton Convalescent Home
1201 E. Washington St., Frankfort
Westine Newton, R.N., Adm.

Rice Nursing Home
R. R. 1, Michigantown
Marie Rice, Adm.

Shoemaker Memorial Home
951 E. Clinton St., Frankfort
Rev F. J. Goins, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort
Carlyle L. Mason, Adm.

DAVIESS COUNTY

Colvin Nursing Home
1109 National Highway, Washington
Laura Colvin, Adm.

Meyers Nursing Home
215 W. Oak St., Washington
Rosetta Meyers, Adm.

Roby's Nursing Home
101 Southside Ave., Washington
Thelma D. Roby, Adm.

DEARBORN COUNTY

Dillsboro Health Resort
Box 66, Dillsboro
Dellas M. Ross, Adm.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg
Wilbur and Alta McMullen, Adms.

DECATUR COUNTY

Ada Schwind Nursing Home
469 S. Monfort St., Greensburg
Ada Schwind, Adm.

Jessup Nursing Home
303 Jackson St., Greensburg
Margaret F. VanBriggle, Adm.

Jessup Nursing Home
Westport
Peggy L. V. Waltermire, Adm.

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg
Barbara J. Mouser, Adm.

Odd Fellows Home
R. R. 8, Greensburg
William F. Hamilton, Adm.

Paul-Ann Nursing Home
R. R. 4, Greensburg
Paul E. and Ann Johnson, L.P.N., Adms.

Slone's Nursing Home
515 W. Main St., Greensburg
Marie Slone, Adm.

DEKALB COUNTY

Barkley Nursing Home
610 S. Broadway, Butler
Audrey E. Barkley, Adm.

Betz Nursing Home
R. R. 3, Auburn
Everett and Doris Betz, Adms.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler
Dorothy Dickerhoof, Adm.

Garrett Convalescent Home
611 S. Peters St., Garrett
Carlson and Mary Platz, Adms.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler
Flo Sheehy, Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler
Flo Sheehy, Adm.

Southview Nursing Home
131 W. Depot St., Butler
Marjorie Harrold, Adm.

DELAWARE COUNTY

Bethel Nursing Home
R. R. 7, Muncie
Emogene E. Turner, Adm.

Chrystal's Country Home
R. R. 1, Selma
Chrystal V. Steele, L.P.N., Adm.

Delaware County Home
R. R. 5, Muncie
William M. Lillie, Adm.

Eads Nursing Home
R. R. 7, Muncie
Epsy W. Eads, Adm.

Faulkner Rest Home
905 S. Grant St., Muncie
Edgar Faulkner, Adm.

Frazee Convalescent Home
R. R. 2, Dunkirk
Leatha Frazee, Adm.

Golden Rule Nursing Home
502 N. Madison St., Gaston
Eunice A. Messersmith, L.P.N., Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie
Pearl B. Harty, Adm.

Morgan-Nickols Convalescent Home
727 Wheeling Ave., Muncie
Margaret L. Nickols, Adm.

Morgan-Nickols Residential Club
175 Kilgore, Muncie
Margaret L. Nickols, Adm.

Parkview Nursing Home
2200 White River Blvd., Muncie
Gerald Almond, Adm.

Riverview Convalescent Home
R. R. 2, Burlington Dr., Muncie
Nila M. Harty, Adm.

Shady Haven Rest Home
R. R. 6, Bethel Pike, Muncie
Leila C. Wilcox, Adm.

Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie
Mantha J. Sylvester, Adm.

Woodland Home #1
917 E. Main St., Muncie
Hazel Wilson, R.N., Adm.

Woodland Home #2
1612 W. Jackson, Muncie
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Hubster's Boarding Home
1008 Van Buren, Huntingburg
Lillian Hubster, Adm.

Indiana Rest Home
115 E. Fifth St., Jasper
Matilda Sauter, Adm.

Jasper Nursing Home
102 W. Seventh St., Jasper
Lola M. Wehrle, Adm.

Providence Home
W. Ninth Street, Jasper
Rev. Philip Ottavi, Adm.

St. Ann Nursing Home
511 Fourth St., Huntingburg
Sister M. Johnita, Adm.

ELKHART COUNTY

The Austin Home
526 N. Sixth St., Goshen
Hazel M. Neibert, Adm.

Fair-Moor Nursing and Convalescent Home, Inc.
2600 Moorehouse, Elkhart
Joseph O. Frost, Adm.

Gay Peterson Nursing Home
302 E. Lincoln Ave., Goshen
Iva Gay Peterson, Adm.

Hutchinson Nursing Home
302 S. Sixth St., Goshen
Emil and Louise Weisjahn, Adms.

Continued

NURSING HOMES

Continued

Ideal Rest Home
925 Monroe St., Elkhart
Bonnie Sills, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee
Lucille Sechrist, R.N., Adm.

Milleman Convalescent Home, Inc.
430 W. Marion St., Elkhart
Herold A. and Hazel Milleman, Adms.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen
George and Gracia Nicholson, R.N., Adms.

Rest Haven Nursing Home
803 Wolf Ave., Elkhart
Peter A. Calabrese, Adm.

Rest Home
525 W. Lexington Ave., Elkhart
Pearl Carr, Adm.

Riley Convalescent Home
527 S. Main St., Goshen
Albert and Eunice Riley, L.P.N., Adms.

Simpson Nursing Home
114 S. Sixth St., Goshen
Richard A. Simpson, Adm.

Thorp Nursing Home
621 E. Vistula St., Bristol
Ruth G. Thorp, Adm.

Treva's Nursing Home
1005 S. Third St., Elkhart
Treva M. Criss, Adm.

Welcome Home
1429 Krau, Elkhart
Josephine Ellsworth and Dorothy Metz, Adms.

FAYETTE COUNTY

Lincoln Manor Nursing Home
903 Lincoln Ave., Connersville
Chester C. O'Neal, Adm.

Paula-Mar Nursing Home
319-21 Western Ave., Connersville
Paul E. and Mary M. Harvey, Adms.

FLOYD COUNTY

Kingston Nursing Home
1317 Culvertson Ave., New Albany
Dorothy Deutsch, Adm.

Providence Retirement Home
703 E. Spring St., New Albany
Sister Catherine Loretta, Adm.

Turley's Nursing Home
1003 E. Main St., New Albany
Anna C. Turley, Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica
Leston and Imogene B. Alward, R.N., Adms.

Rudisill Nursing & Convalescent Home
303 Second St., Covington
Susie M. Umbarger, Adm.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville
Elsie Dreyer, Adm.

FULTON COUNTY

Miller Nursing Home
719 Madison St., Rochester
Helen Miller, Adm.

Pontius Nursing Home
426 Jefferson St., Rochester
Pearl Pontius, Adm.

Rochester Nursing Home
1118 Main St., Rochester
Gerald L. Eastburg, Adm.

GIBSON COUNTY

Colonial Nursing Home
314 N. West St., Princeton
Bessie G. Mitchell, Adm.

Duncan Wee Bonnie Rest Home
R. R. 1, Princeton
Semira D. Fishman, Adm.

Gibson County Home
R. R. 1, Princeton
William Morgan, Adm.

Good Samaritan Home Inc.
210 N. Gibson Rd., Oakland City
Hovey Hedges, Adm.

Holiday Homes, Inc.
Tower Heights, Princeton
Lowell A. Dunigan, Adm.

Hottel Nursing Home
East Main St., Francisco
Lillian A. Hottel, Adm.

Maxey Nursing Home
Main St., Box 53, Haubstadt
James and Mildred Maxey, Adms.

Oakland City Rest Home
114 Grove St., Oakland City
Otto Blubaum, Adm.

Shady Grove Nursing Home
Francisco
Roy and Ruth Morris, Adms.

GRANT COUNTY

Calbert's Rest Home
204 N. Washington St., Marion
Wanda Whitaker, Adm.

Ellen Hill Home, Inc.
710 W. Third St., Marion
Opal E. Calbert, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion
Rev. James M. Hull, Adm.

Friendly Home of the Convalescent, Inc.
Post Office, Fowlerton
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount
Addie M. Bryant, Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion
Bernie Winkle, Adm.

Jones Convalescent Home, Inc.
518 W. 36th St., Marion
Carroll M. Jones, Adm.

River-View Nursing Home, Inc.
221 N. Washington, Marion
Ronald Brown, Adm.

GREENE COUNTY

Glenburn Rest Haven
Glenburn Rd., R. R. 2, Linton
Nola D. Yoder, Adm.

HAMILTON COUNTY

Arcadia Rest Home
405 S. East St., Arcadia
Florence Sigler, Adm.

Beulah Herbert Boarding Home for Children
Route 1, Cicero
Beulah Herbert, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel
Seth and Sara Wells, Adms.

Maple Park Health Manor
Box 156-C, R. R. 1, Westfield
Malena G. Jay, L.P.N., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan
Dorothy Rood, Adm.

Sunderman Nursing Home
69 N. Harrison St., Cicero
Bernard and Belva Sunderman, Adms.

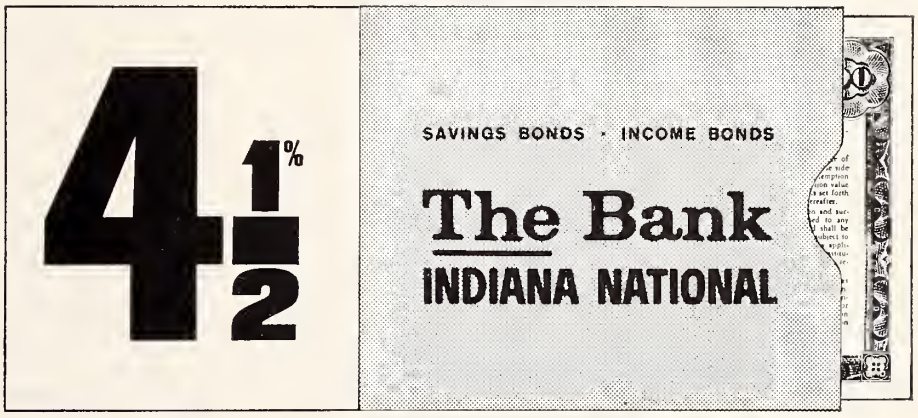
HANCOCK COUNTY

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis
Emily P. Beck, L.P.N., Adm.

Model A Nursing Home
R. R. 5, Greenfield
Jesse and Lavon Beeson, Adms.

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Twinbrook, Inc.
R. R. 4, Box 66, Greenfield
Marie C. Kavalaris, Adm.

Wood Nursing Home
14 N. Wood St., Greenfield
Hazel E. Wood, L.P.N., Adm.

HENDRICKS COUNTY

Danville Nursing Home
64 N. High St., Danville
Pearl Perkins, Adm.

Golden Rule Nursing Home
147 S. Wayne St., Danville
Robert Petree, Adm.

Hendricks County Home
865 E. Main, Danville
Edna O. Anderson, Adm.

Vinewood Nursing Home
404 North Vine St., Plainfield
Stephen Snyder, Adm.

HENRY COUNTY

"The Boxwoods" Nursing Home
115 N. 10th St., New Castle
Paul and Carlisle Butcher, Adms.

Hammond Nursing Home
806 W. Broad St., New Castle
Betty I. Hammond, L.P.N., Adm.

Henry County Home
N. Memorial Dr., New Castle
Fred Glad, Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown
Robert I. Clevenger, Adm.

New Hope Nursing Home
Lewisville
Mildred King, Adm.

Resthaven
420 S. Main St., New Castle
Dorothy Shipp, R.N., Adm.

Ryse Boarding Home
R. R. 5, New Castle
John T. and Arizonia Ryse, Adms.

HOWARD COUNTY

Harrell's Boarding House
708 N. Main St., Kokomo
June Harrell, Adm.

Hillcrest Nursing Home
1210 E. Jefferson St., Kokomo
Sarah Naomi Miller, Adm.

Kokomo Convalescent Center
429 Lincoln Rd. W., Kokomo
Sarah Wells, Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo
Lucy Cole, L.P.N., Adm.

Pleasant Rest
508 W. Taylor St., Kokomo
Homer E. and Frances T. Johnson, Adms.

Samaritan Home of Kokomo, Inc.
513 East Vaile Ave., Kokomo
Sister Raphael, Adm.

HUNTINGTON COUNTY

Huntington County Home
R. R. 5, Huntington
Ben Thompson, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren
Dr. Dewey C. Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke
Robert and Joyce Barna, Adms.

Town & County Nursing Home
R. R. 8, Huntington
Donald E. and Marlene Barna, R.N., Adms.

JACKSON COUNTY

Kaley's Nursing Home
202 W. Sixth St., Seymour
Marcia Kaley, Adm.

West Side Nursing Home
108 S. Pine St., Seymour
Jennie West and Harriette Rebholz, Adms.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer
Fred Hall, Adm.

Remington Rest Home
Illinois and Minnesota Sts., Remington
Birdella N. Sullivan, Adm.

JAY COUNTY

Portland Nursing Home, Inc.
406 W. Arch St., Portland
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

Hanover Nursing Home
S. R. 56 W., Hanover
Ella L. Shuell, R.N., Adm.

Mayfield's Retirement and Rest Home
618 E. Second St., Madison
George and Charlotte Mayfield, Adms.

Willmann Rest Home
620 Green Rd., Madison
Clifford and Lorene Willmann, Adms.

JENNINGS COUNTY

Johnson's Convalescent Home
113 E. Jackson, North Vernon
Gladys Johnson, Adm.

Ritz Nursing Home
Box 42, Scipio
Nona Ritz, Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 65, Edinburg
Raymond C. Brown, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood
Violet VanSickle, Adm.

Indiana Masonic Home
Franklin
Roy O. Turner, Adm.

Indiana Retired Teacher's Community
Greenwood Village, Greenwood
Mary Jane Beaman, Adm.

Janie's Nursing Home
651 S. State St., Franklin
Janie Johnson. L.P.N., Adm.

Johnson County Home
R. R. 1-B, Franklin
Albert Bundy, Adm.

Methodist Home
Franklin
Rev. W. D. Koehnlein, Adm.

Sheltering Arms Nursing Home
400 Kentucky St., Franklin
Mary L. Johnson, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin
Stephen J. Snyder, Adm.

KNOX COUNTY

Crestview Home
Box 237, Old Bruceville Rd., Vincennes
Cora T. Joyce, Adm.

Freelandville Community Home, Inc.
Freelandville
Lorena Walters, R.N., Adm.

Moore's Nursing Home
204 W. Third St., Bicknell
Ernest P. and Barbara J. Moore, Adms.

Restwell Home, Inc.
1321 Willow St., Vincennes
Warren J. Mauck, Adm.

Vincennes Nursing Home
1202 S. 16th St., Vincennes
Fern Junod, Adm.

KOSCIUSKO COUNTY

Alfran Nursing Home
2501 E. Center St., Warsaw
Frank N. and Alice Wilson, R.N., Adms.

Hillcrest Manor
519 W. Winona Ave., Warsaw
Lester Byler, Adm.

Kilgore Nursing Home
R. R. 1, Pierceton
Violet Kilgore, Adm.

Miller's Merry Manor
R. R. 2, County Farm Rd., Warsaw
Wallace T. and Enid L. Miller, R.N., Adms.

Orn Nursing Home
North Main St., Milford
Mrs. Amos Orn, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton
Frank and Alice Wilson, R.N., Adms.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw
Hazel Bradbury, L.P.N., Adm.

LAGRANGE COUNTY

Marks' Nursing Home
R. R. 1, LaGrange
Marie B. Marks, Adm.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point
Edythe Frantz, L.P.N., Adm.

Gary Convalescent Home, Inc.
386 Mount St., Gary
Joseph Shapiro, M.D., Adm.

Great Oaks Nursing and Convalescent Home
R. R. 1, Box 30, Cedar Lake
Richard T. Davis, Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary
Lillian Green, Adm.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point
Ellen Jayne Bryant, Adm.

Lake County Convalescent Home
114 County Road O, Crown Point
Joseph J. Kish, Adm.

Laura S. Beaton Nursing Home, Inc.
521 Pennsylvania St., Gary
Laura S. Beaton, Adm.

Miller Nursing Home
2301 Adams St., Gary
Ida Miller, Adm.

Mills Rest Home
5011 Maryland St., Gary
Audrey Mills, Adm.

St. Ann's Home
5927 Columbia Ave., Hammond
Sister Mary Laura, Adm.

St. Anthony's Convalescent Home
R. R. 1, Box 262, Crown Point
Sister Mary Cherubim, Adm.

Simmons Loving Care Health Facility
1944 Maryland St., Gary
Anna L. Simmons, Adm.

Shady Heights Nursing Home
R. R. 1, Box 46, Dyer
Faye McGuire, L.P.N., Adm.

West End Nursing Home
1501 Wheeler St., Gary
Henderson D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary
Stuart Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary
Tomye D. Calloway, L.P.N., Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point
Donald D. DuSold, M.D., Adm.

Woodmar Nursing Home
6727 Baring Ave., Hammond
Geraldine Wiseley, Adm.

LAPORTE COUNTY

Anderson Sanitarium, Inc.
1702 I St., LaPorte
Lula Anderson, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City
Theodore Moss, Adm.

Hampton Nursing Home
Michigan and Wolfe Ave., Michigan City
Charlie and Mary Hampton, Adms.

Lakeside Convalescent-Nursing Home, Inc.
One mile east of U.S. 421 on U.S. 20, Michigan City
Norman Rust, Adm.

Stites School Nursing Home
State Rd. 39 and County Rd. 900 N., LaPorte
Roger J. Schofield, Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City
Mary Ellen Poffenberger, Adm.

Wheeler Boarding Home
Kingsbury
Jessie Wheeler, Adm.

White Tower Nursing Home
209 State Street, La Porte
Jane E. Gittings, Adm.

LAWRENCE COUNTY

Blackburn Rest Home
519 H St., Bedford
Stella J. Blackburn, Adm.

Cobb's Nursing Home
602 J St., Bedford
Doyle and Adele Cobb, Adms.

Oolitic Rest Home
North Lafayette St., Oolitic
Edna Perry, Adm.

Parkview Nursing Home
2111 Norton Lane, Bedford
Irma C. Hendricks, L.P.N., Adm.

Stancombe Boarding Home
903 Lincoln Ave., Bedford
Betty Stancombe, Adm.

Sunny Acres Rest Home
R. R. 5, Bedford
Mabel Ray, Adm.

Vice Room and Board Home
304 W. Main St., Mitchell
Zora Vice Cooper, Adm.

MADISON COUNTY

Bradford Nursing Home
625 W. Adams St., Alexandria
Alma Bradford, Adm.

Bright Memorial Nursing Home
2006 Jackson St., Anderson
Evelyn E. Teter, Adm.

Cook Rest Home
424 Ruddle Ave., Anderson
Ella Cook, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood
Louise Dickey, L.P.N., Adm.

Goble Home
332 W. 11th St., Anderson
Martha Keller, L.P.N., Adm.

Continued

NURSING HOMES
Continued

Miramar Nursing Home
1901 N. "A" St., Elwood
James G. Dickey, Adm.

New Haven Nursing Home
1023 E. Eighth St., Anderson
Josephine Wade, L.P.N., Adm.

Northside Nursing Home
900 North J. St., Elwood
Louise Dickey, L.P.N., Adm.

Rahbek Nursing Home
711 W. Fifth St., Anderson
Mary Ellen Bell, Adm.

Scott Nursing Home
339 S. Broadway, Pendleton
Ruby Scott, Adm.

Westside Nursing Home
416 W. 12th St., Anderson
Marian Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age Sanitorium
2115 Central Ave., Indianapolis
A. Gladys Brummet, Adm.

Alpha Home for Aged
1840 Senate Ave., Indianapolis
Maude Gaillard, Adm.

Altenheim of Indianapolis
2007 N. Capitol Ave., Indianapolis
Alice Pearcy, Adm.

Anthony Hall Nursing Home
2135 N. Alabama St., Indianapolis
Charlotte A. Baldwin, Adm.

The Barton House
505 N. Delaware, Indianapolis
Stephen J. Snyder, Adm.

Bel-Terrace Nursing Home
1629-33 N. College Ave., Indianapolis
Stephen J. Snyder, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis
Geneva Watts, Adm.

Borinstein Home for Jewish Aged, Inc.
3516 Central Ave., Indianapolis
Bill Newman, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis
Doris E. Stuart, L.P.N., Adm.

Community Nursing Home
4743 Southeastern, Indianapolis
John G. Harris, Adm.

Colonial Crest, Inc.
7149 E. 21st St., Indianapolis
Hart N. Hasten, Adm.

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis
Lucy V. Conner, Adm.

Dumas Nursing Home
2712 N. Illinois, Indianapolis
Mary Lou Dumas, R.N., Adm.

Evangelistic Center, Inc.,
3518 Shelby, Indianapolis
Rev. E. P. Qualls, Adm.

Frame Nursing Home
373 N. Holmes Ave., Indianapolis
Bert and Marybell Frame, Adms.

Frederick Home for Aged
3679 Washington Blvd., Indianapolis
Price and Donna Fredrick, Adms.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis
Thelma Bryant, L.P.N., Adm.

Garner's Nursing Home
1429 Carrollton Ave., Indianapolis
Elizabeth Garner, Adm.

Greenview Manor Nursing Home
1700 N. Illinois St., Indianapolis
Karl J. Dickerson, Adm.

Harris Sanatorium, Inc.
4601 N. Keystone, Indianapolis
John G. Harris, Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis
Bennie Mason, Adm.

Huff's Sanitarium
115 S. Audubon Rd., Indianapolis
Bettina Sullivan, Adm.

Independent Living Boarding Home
6038 W. 25th St., Indianapolis
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis
Burke Nicholas, Adm.

The Lon-Wise
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Bessie Cook, L.P.N., Adm.

Lynhurst Nursing Home
5225 W. Morris St., Indianapolis
James H. Hill, Sr., and Ethel L. M. Herron, Adms.

Marie Fred Nursing Home
604 N. Jefferson Ave., Indianapolis
Marie Fred, R.N., Adm.

Marion County Home
R. R. 10, Box 333, Indianapolis
Robert F. Oldham, Adm.

Mary's Home for the Aged
116 N. State, Indianapolis
Mary Anderson, Adm.

Mayfair Home
3240-42 Washington Blvd., Indianapolis
Mr. and Mrs. John Leech, Adms.

Memorial Nursing Home, Inc.
41 W. 32nd St., Indianapolis
Richard L. Albright, Adm.

Midland House, Inc.
3302 Washington Blvd., Indianapolis
Thomas C. Keller, Adm.

Northside Nursing Home
2037 N. Illinois St., Indianapolis
Susie M. Umbarger, Adm.

Northwestern Convalescent Home
2413 Northwestern Ave., Indianapolis
James H. McKenzie, Adm.

People's Nursing Home
2354-56 N. College Ave., Indianapolis
Walter R. Baldwin, Adm.

Petty Nursing Home
2432 Central Ave., Indianapolis
Gailord S. and Elsie Petty, Adms.

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis
Laura E. Weber, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove
Sister Mary Philip Seib, Adm.

Sarah's Nursing Home
2716 Sutherland Ave., Indianapolis
Sarah Hill, Adm.

Springer Health Facility
6566 W. Washington St., Indianapolis
Robert and Leona Kenworthy, Adms.

T. Wray Nursing Home
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Thelma F. Wray, L.P.N., Adm.

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Emory H. Vollmer, Adm.

Mabel S. Waddle Private Home
2112 N. Delaware St., Indianapolis
Mabel S. Waddle, Adm.

Ward Nursing Home
1518 N. Senate Ave., Indianapolis
Willa Mae Murray, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis
Laura E. Weber, Adm.

Welch Boarding Home
2901 N. Pennsylvania St., Indianapolis
Catherine Welch, Adm.

Wert Nursing Home
1716-18 N. New Jersey, Indianapolis
Edith M. Wert, Adm.

Wooldridge Nursing Home
624 E. 12th St., Indianapolis
Albert H. and Patricia A. Wooldridge, Adms.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth
Mabel Beam, Adm.

I.B.M. Nursing Home
1029 W. Jefferson St., Plymouth
Iva B. Miller, Adm.

Klapp Nursing Home
145 S. Michigan, Argos
Doris I. Klapp, Adm.

Landis Nursing Home
115 S. Maple Ave., Argos
Nerla L. Dykes, Adm.

Marshall County Home
R. R. 5, Plymouth
Warren Locker, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen
Pearl Myers, L.P.N., Adm.

R.N. Nursing Home
Teegarden
Laura M. Hathaway, R.N., Adm.

MARTIN COUNTY

O'Maley Rest Home
R. R. 4, Loogootee
Fred W. O'Maley, Adm.

MIAMI COUNTY

Armstrong's Park View Rest Home
402 Armstrong Ave., Peru
Zella C. Armstrong, L.P.N., Adm.

Church of the Brethren Home, Inc.
Mexico
Orville Sherman, Adm.

Friendly Nursing Home, Inc.
517 Blair Pike, Peru
Jean Leakey, Adm.

Miami County Home
R. R. 5, Peru
Bruce Babbs, Adm.

The Miami Home
77 E. Third St., Peru
H. Lucille McDaniel, Adm.

Peru Nursing Home
906 W. Main St., Peru
Edwin W. and Margaret Harris, L.P.N., Adms.

MONROE COUNTY

Arbutus Rest Home
R. R. 2, Box 46, Bloomington
Floyd and Hazel Hall, Adms.

Hospitality House, Inc.
1100 S. Curry Pike, Bloomington
C. Darrell Phillips, Adm.

Lemble Nursing Home
R. R. 7, Box 297, Bloomington
Judith Lemble, Adm.

MONTGOMERY COUNTY

Aunt Mary's Rest Home
613 Kentucky St., Crawfordsville
Mary Brooks, Adm.

Ben Hur Home
1375 S. Grant, Crawfordsville
Martha E. Williams, Adm.

Hazel Small Rest Home
N. Vine St., Waynetown
Sarah Small, Adm.

Laura M. Bowles Convalescent Home, Inc.
1304 S. Grant Ave., Crawfordsville
Richard Bowles, L.P.N., Adm.

Mapleview Home
1308 E. Main, Crawfordsville
Evelyn Connelly, Adm.

Westbrook Nursing Home
R. R. 9, Box 39, Crawfordsville
Mary E. Brooks, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville
Lillian Frye, Adm.

Henderson Nursing Home
214 Washington St., Morgantown
Joe and Marguerite Henderson, Adms.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville
Dr. W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville
Earl B. Fletcher, Adm.

NOBLE COUNTY

Golden Rule Nursing Home
R. R. 1, Pierceton
H. F. and Eva Mock, Adms.

Jaquay's Nursing Home
324 Silver St., Kendallville
Leone Jaquay, Adm.

Kondas Nursing Home
R. R. 1, Albion
Steve Kondas, Adm.

Linville Boarding Home
518 E. Diamond, Kendallville
Harold and Weltha Linville, Adms.

Lutheran Old People's Home, Inc.
612 E. Mitchell, Kendallville
Fred L. Nieno, Adm.

Sacred Heart Home
R. R. 2, Avilla
Sister Mary Emma, Adm.

Saint Vincent Home for the Aging
R. R. 1, Ligonier
Sister M. Agatha, R.N., Adm.

OHIO COUNTY

Silver Age Nursing Home
Rio Vista Ave., Rising Sun
Janet L. Hensley, Adm.

ORANGE COUNTY

Gorge Nursing Home, Inc.
R. R. 2, French Lick
Gertrude Haynes, R.N., Adm.

Grimes Nursing Home
518 W. Main St., Paoli
Bessie C. Grimes, Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer
Norman S. Tirsway, Adm.

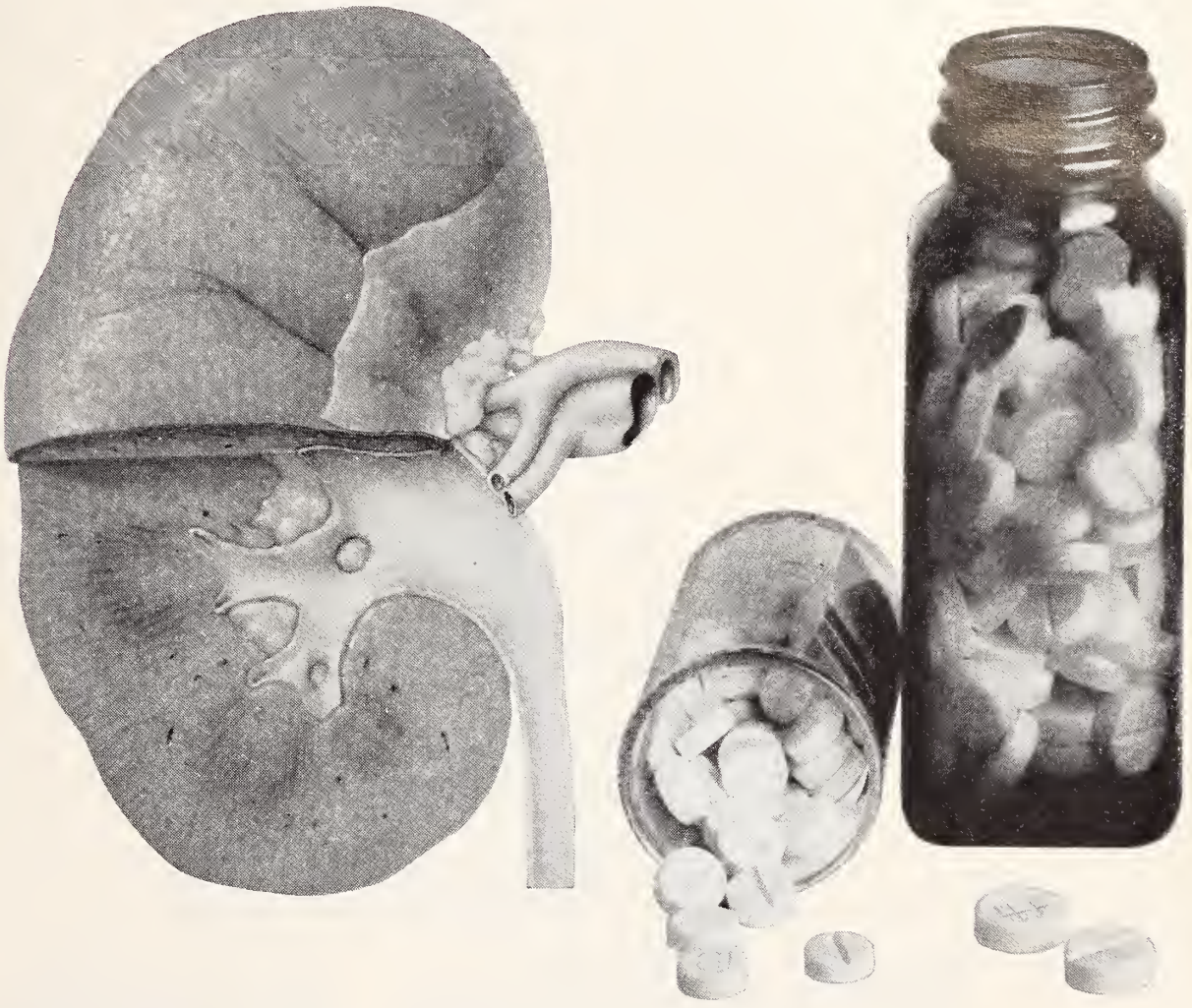
Gosport Nursing Home
W. Main St., Gosport
Mary F. Wampler, Adm.

Owen County Home
R. R. 3, Spencer
Ruthie Gray, Adm.

Reapp Nursing Home
P. O. Box 87, Spencer
Jennie C. Reapp, Adm.

Continued

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understanding... precedes development

The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

• Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

• From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems—understanding which will lead to important new therapeutic agents.

MSD MERCK SHARP & DOHME Division of Merck & Co., Inc., West Point, Pa.

where today's theory is tomorrow's therapy

NURSING HOMES

Continued

PARKE COUNTY

Allen Nursing Home
303 Howard Ave., Rockville
James F. Allen, Adm.

Ball Nursing Home
517 Ohio St., Rockville
Margaret Ball, Adm.

Bishop's Nursing Home
South Main St., Box 58
Bloomingdale
Darrell H. Bishop, Adm.

Wabash Valley Nursing Home
934 N. Jefferson St.,
Montezuma
Darvin and Wilma Busenbark, Adms.

PERRY COUNTY

Lincoln Hills Nursing Home, Inc.
19th and Pestalozzi, Tell City
C. Bayless Conley, Adm.

PIKE COUNTY

Fay's Convalescent Home
210 S. 14th St., Petersburg
Theopha J. Dunn, Adm.

Petersburg Rest Home
1002 Main St., Petersburg
Donna M. Butrum, Adm.

PORTER COUNTY

Beverly Shores Nursing Home, Inc.
Beverly Shores
John W. Bragg, Adm.

Evergreen Park Nursing and Convalescent Home
State Rd. 49 and LaPorte,
Valparaiso
Charles W. Daugherty, Adm.

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso
Mary E. Bartz, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville
Lula Allison, Adm.

The Charles Ford Memorial Home
New Harmony
Harry S. Glump, Adm.

Merimac Nursing Home
North St., Cynthiana
Mary M. McGuire, Adm.

Mt. Vernon Nursing Home
831 Mulberry St., Mount
Vernon
Rena Green, Adm.

Posey County Home
Poor Infirmary Rd., R. R. 4, Mt. Vernon
Edith Hester, Adm.

The Valley Rest Home
R. R. 4, Mount Vernon
Raymond E. and Esther M. Faulkner, Adms.

PUTNAM COUNTY

Donna Nursing Home
Main St., Cloverdale
Norman S. Tirsway, Adm.

Eventide Rest Home
R. R. 2, Greencastle
Cletus O. and Daisy L. Sult, R.N., Adms.

Greencastle Christian Home
102 W. Poplar St., Greencastle
Rev. L. C. Ziegler, Adm.

Putnam County Home
R. R. 3, Greencastle
Robert Aubrey, Adm.

Ruark Nursing Home
R. R. 1, Fillmore
Elsie C. Ruark, Adm.

RANDOLPH COUNTY

Golden Rule Rest Home
300 S. Meridian St., Winchester
Bernice E. Puterbaugh, R.N., Adm.

Parrott's Home
304 W. Sherman St., Lynn
Willis R. and Mary Maxine Parrott, Adms.

RIPLEY COUNTY

Davis Nursing Home
S. Main St., Sunman
Edward and Anna Davis, Adms.

Gilland Nursing Home #1
310 Cravens St., Osgood
Dan and Mildred Gilland, Adms.

Gilland Nursing Home #2
120 E. Ripley St., Osgood
Dan and Mildred Gilland, Adms.

Gilland Nursing Home #3
Glasgow and Willson, Osgood
Dan and Mildred Gilland, Adms.

Health and Hospitality Center
Carr St., Milan
Alfred J. Colson, Adm.

Schwing Nursing Home
R. R. 1, Sunman
Donald J. Schwing, Adm.

RUSH COUNTY

Hillside Haven
424 North Perkins St.,
Rushville
Mary Todd, R.N., Adm.

Howard Rest Home
Railroad St., Milroy
Deloris Howard, Adm.

Jackson Nursing Home
114 E. Fifth St., Rushville
Marjorie Pearsey, L.P.N., and Goldie J. Lyons, L.P.N., Adms.

Rowland's Nursing Home
230 E. Seventh St., Rushville
Willard and Nora Lee Rowland, Adms.

Rushville Nursing Home
321 N. Morgan St., Rushville
Marjorie Fordyce, L.P.N., Adm.

ST. JOSEPH COUNTY

Barbara Morrow Home
1107 S. Main St., South Bend
Barbara Morrow, Adm.

Calvert Convalescent Home
1844 E. Calvert, South Bend
Eunice Turner, L.P.N., Adm.

Cardinal Nursing Home, Inc.
118 S. Williams St., South Bend
Thomas E. Squibb, Adm.

Columbia Nursing Home
702 S. Columbia, South Bend
William G. Swintz and Thomas E. Squibb, Adms.

Dodge Home for Old People
318 E. Third St., Mishawaka
Florence Moss, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave.,
South Bend
Edward L. Finkenbinder, Adm.

Farris Nursing Home
1021 W. Washington St.,
South Bend
Helen M. Farris, Adm.

Farris Nursing Home #2
1044 Lincolnway West,
South Bend
Helen M. Farris, Adm.

Haven Hubbard Memorial Home
New Carlisle
Mearl L. Dustin, Adm.

Hillview Convalescent Home
601 Russell St., Mishawaka
William T. and Rosabelle Buck, R.N., Adms.

Krogh Nursing Home
109 N. Cedar St., Mishawaka
Joyce Wood, L.P.N., Adm.

Lambie Nursing Home
832 W. Colfax St., South Bend
Audrey J. Lambie, Adm.

Nemeth Nursing Home
1145 W. Napier St., South Bend
Peggy and Michael Nemeth, Adms.

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When the man hung up his cane he was plenty happy that his employer had changed from an ordinary hospitalization plan to Blue Cross–Blue Shield. For then, fully recovered and with the bills all paid, he realized that Blue Cross–Blue Shield had simply taken over and solved his health care financial problems.

He said, as many another member has said: "I don't know what we would have done without Blue Cross–Blue Shield."

There are advantages to employers, too. Blue Cross–Blue Shield cuts the paperwork, eliminates the administrative details, keeps an employer from getting into the claims-handling business.

If you want to join Blue Cross–Blue Shield, get more information from the office nearest you.

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(One of a series of ads being run in key Hoosier newspapers)

NURSING HOMES

Continued

Oak Haven Rest Home
714 W. Oak St., South Bend
Myrtle B. Joyce, Adm.

River Park Nursing Home
2706 Wall St., South Bend
William G. Swintz and Thomas E. Squibb, Adms.

Robert P. and Clara I. Milton Home, Inc.
206 E. Marion St., South Bend
Mrs. T. E. Mauch, Adm.

Rockhill Nursing Home
1526 Lincoln Way West, South Bend
Lillie A. Rockhill, L.P.N., Adm.

St. Joseph County Home
53308 Portage Rd., South Bend
Joseph W. Snyder, Adm.

Susie H. Beiger Old Ladies Home
317 Lincolnway East, Mishawaka
Florence Moss, Adm.

Terry King Nursing Home
816 W. Colfax, South Bend
Calvin Laisure, Adm.

Terry King Nursing Home
1209 S. Union, Mishawaka
Gloria McCullough, Adm.

Walkerton Nursing Home
500 Roosevelt Road, Walkerton
Roy and Ruth DeSimone, Adms.

Wilton Rest Home
25419 St. Rt. 2, South Bend
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington
James B. Hardie, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg
William and Virginia Lippert, Adms.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland
Dewey F. Murphy, Adm.

Conover Rest Home
Box 311, Morristown
Charles Conover, Adm.

Shelbyville Rest Home
125 W. Washington, Shelbyville
Laura Oma Gosch, Adm.

SPENCER COUNTY

Boyd Nursing Home
513 Walnut St., Rockport
Mamie Boyd, Adm.

Ophelia's Rest Home
807 Main St., Rockport
Ophelia Moore, Adm.

Spencer County Home
R. R. 1, Rockport
Thomas P. Huff, Adm.

STARKE COUNTY

Healthmore Nursing Home
P. O. Box 103, Hamlet
Paul Q. and Berniece Zellers, R.N., Adms.

Knox Nursing Home
302-306 Culver St., Knox
Pearl Myers, L.P.N., Adm.

Little Company of Mary Hospital and Health Facility
Route 421, San Pierre
Mother M. Catherine, Adm.

STEUBEN COUNTY

Adams Nursing Home
314 W. Broad St., Angola
Lois June Adams, Adm.

Angola Rest Home, Inc.
306 N. Wayne St., Angola
Veda Seeman, Adm.

Edith Nursing Home
116 Powers St., Angola
Helen Taylor, Adm.

Steuben County Rest Home
R. R. 3, Angola
Harold Peters, Adm.

Underwood Nursing Home
Box 8, Defiance St., Pleasant Lake
Paul and Mary Underwood, Adms.

SULLIVAN COUNTY

Kirkman's Boarding Home
R. R. 1, Dugger
Leslie Kirkman, Adm.

Sullivan County Home
R. R. 5, Sullivan
Mr. and Mrs. Orian Self, Adms.

Sullivan Nursing Home
W. Wolfe St., Sullivan
O. R. and Mary J. Blubaugh, Adms.

TIPPECANOE COUNTY

Burnett Convalescent Home
221 S. Ninth St., Lafayette
Maude L. Golden, L.P.N., Adm.

Comfort, Inc.
312 N. Eighth St., Lafayette
Allen C. and Clara E. Campbell, R.N., Adms.

Indiana Knights of Pythias Home, Inc.
1501 South 18th Street, Lafayette
Roy C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd., W. Lafayette
J. Wilborn Garrison, Adm.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill
Laura M. Bowles, L.P.N., and Laura L. Peterson, Adms.

Lesley Nursing Home
Buck Creek
Rosina Lesley, Adm.

Scott Nursing Home
1100 N. Ninth St., Lafayette
Goldie Scott, Adm.

Tippecanoe County Home
R. R. 1, Lafayette
Clifford L. Cassaday, Adm.

Tippecanoe County Home-Ross Annex
R. R. 6, Lafayette
Lucille M. Klaiber, Adm.

TIPTON COUNTY

The Higgins Home
R. R. 1, St. Rd. 19, Tipton
Robert D. and Eileen G. Higgins, L.P.N., Adms.

Holtsclaw Nursing Home
119 W. Washington St., Tipton
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton
Lester Dodd, Adm.

Tipton Nursing Home
216 S. Conde St., Tipton
Louise Dickey, L.P.N., Adm.

UNION COUNTY

Park Manor Nursing Home, Inc.
409 E. Union St., Liberty
Helen Ann Ray, L.P.N., Adm.

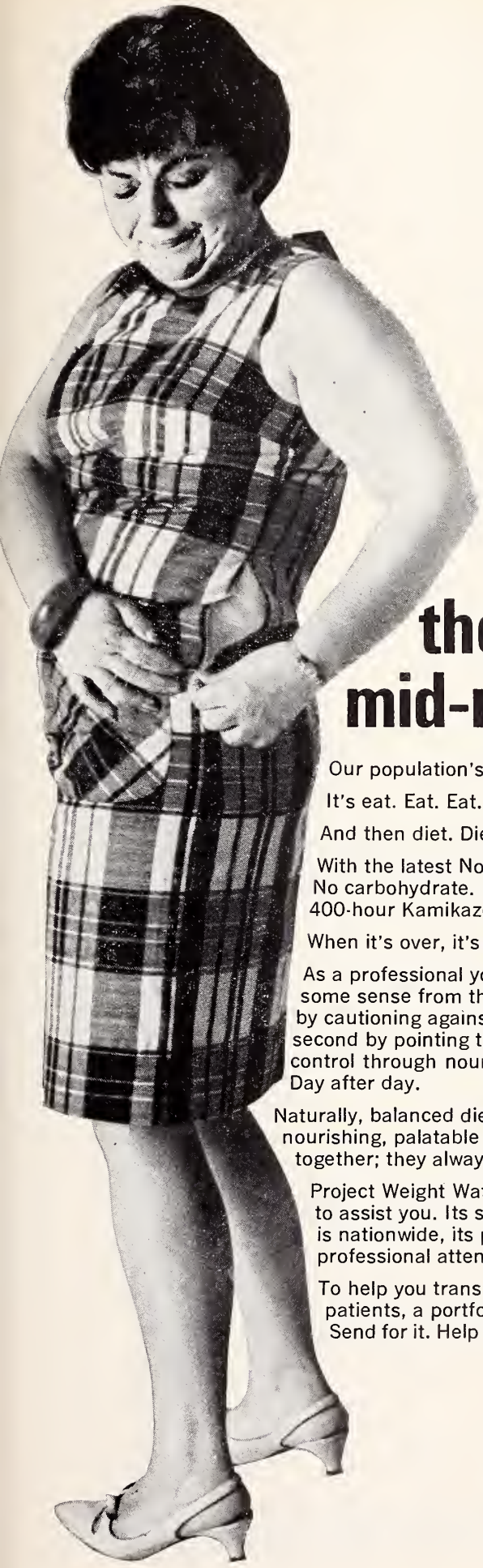
VANDERBURGH COUNTY

Agnes Hawes Boarding Home for the Aged
408 N. Third Ave., Evansville
Agnes Hawes, Adm.

Bethany Rest Home
316 N. Wabash Ave., Evansville
Edith M. Poole, Adm.

Bethel Sanitarium, Inc.
6015 Kratzville Rd., Evansville
Louise Kuiken, R.N., Adm.

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the mid-rift!

Our population's bursting at the seams.

It's eat. Eat. Eat.

And then diet. Diet. Diet.

With the latest No-calorie.
No carbohydrate. No-vitamin. No exercise.
400-hour Kamikaze Plan!

When it's over, it's eat, eat, eat again.

As a professional you can help wrest some sense from this nonsense: first, by cautioning against skipping meals, and second by pointing the way to realistic weight control through nourishing meals every day. Day after day.

Naturally, balanced diets and nourishing, palatable dairy foods go together; they always have.

Project Weight Watch has been initiated to assist you. Its scope is nationwide, its purpose is to focus professional attention on the problem.

To help you translate your concern to your patients, a portfolio of materials is available. Send for it. Help stamp out needless waist.

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Indianapolis, Indiana

PROJECT WEIGHT WATCH

NURSING HOMES

Continued

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5827 Kratzville Rd., Evansville
Louise Kuiken, R.N., Adm.

Boehne Convalescent Home, Boehne Hospital
Evansville
Earl S. Wilks, Adm.

Braun's Nursing Home
909 First Ave., Evansville
Roy L. and Ruth H. Braun, Adms.

Evansville Protestant Home for the Aged
3701 Washington Ave., Evansville
Helen E. Kinkle, Adm.

Gertha's Nursing Home
605 Oakley St., Evansville
Gertha Hendrickson, Adm.

Good Samaritan Home
601 N. Boeke, Evansville
N. R. Allsmiller, Adm.

Kueber Nursing Home
816 First Avenue, Evansville
Robert E. Arendell, M.D., Adm.

M & R Nursing Home
1100 N. Read St., Evansville
Mrs. Muriel Sprinkle, L.P.N., Adm.

Newton Rest Home
921-23 S. Elliott St., Evansville
Mary Alice Kennedy, Adm.

Pine Haven
3401 Stocker Dr., Evansville
Anita M. Stocker, R.N., Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St., Evansville
M. D. Guenther, Adm.

Regina Pacis Home
3900 Washington Ave., Evansville
Rev. William H. Muller, Adm.

Robert's Nursing Home
2819 N. St. Joseph Ave., Evansville
Robert Burton, Adm.

Thelma's Rest Home
807-11 S. E. Third St., Evansville
Thelma Shaw, Adm.

Tri-State Community Rest Home
821 Judson Street, Evansville
Edna H. Robinson, Adm.

Vanderburgh County Home
700 Senate Ave., Evansville
Albert E. Breedlove, Adm.

VERMILLION COUNTY

Dana Convalescent Home
Dana
Louise Barton, Adm.

The Ivy Haven Home
232 Ash St., Clinton
Lena M. Gruelich, Adm.

Layman Nursing Home
432 S. Fifth St., Clinton
Mildred Layman, Adm.

Vermillion County Nursing Home
R. R. 1, Hillsdale
Ralph Brown, Adm.

VIGO COUNTY

Allendale Nursing Home
R. R. 2, Box 12, Terre Haute
Lucille McCoskey, Adm.

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute
Margaret L. Bartch, Adm.

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute
Fern Crowder, R.N., Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute
Mary C. Ewing, Adm.

Ezell Boarding Home
43 S. 20th St., Terre Haute
Ruby Ezell, Adm.

Ideal Rest Home
1452 Chestnut St., Terre Haute
Clarence and Evelyn Wallace, Adms.

Mary Etta Nursing Home
1524 Third Ave., Terre Haute
Mamie Mason, Adm.

Meadows Manor
3300 Poplar St., Terre Haute
Carolyn Smith, R.N., Adm.

Trainer Nursing Home
1915 N. 11th St., Terre Haute
Geneva Trainer, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute
Carl Koile, Adm.

Wallace Nursing Home
1334 Sycamore St., Terre Haute
Evelyn Wallace, Adm.

Wallace Nursing Home
502 N. Eighth St., Terre Haute
Evelyn Wallace, Adm.

Wallace Sanitorium
2144 Eighth Ave., Terre Haute
Evelyn Wallace, Adm.

WABASH COUNTY

The Estelle Peabody Memorial Home
Seventh and Buffalo, North Manchester
William Visser, Adm.

Friendly Nursing Home, Inc.
1420 Quaker Ave., Wabash
Jean Leakey, Adm.

Parrett Nursing Home
213 E. Hill, Wabash
Wilmer and Kathleen Parrett, Adms.

Pleasant View Nursing Home
R. R. 2, Wabash
Virgil L. and Lois M. Sweares, Adms.

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Pleasant Valley Retirement and Convalescent Lodge
Kramer
Walter R. and Dorothy D. Ruark, R.N., Adms.

WARRICK COUNTY

Baker's Rest Haven
503 West Walnut, Boonville
Viola Baker, L.P.N., Adm.

Hollis Nursing Home
R. R. 5, Boonville
Harvey and Loraine Hollis, Adms.

Shady Rest Nursing Home
Outer State Street, Chandler
Pearl Bradfield, Adm.

Thornton Home-Stitt Infirmary
E. Jennings Lane, Newburg
Minnie Highsmith, Adm.

WASHINGTON COUNTY

Williams Convalescent Center, Inc.
Homer and Anson Sts., Salem
Kathleen Williams, L.P.N., Adm.

Williams Nursing Home
R. R. 3, Scottsburg
Kathleen Williams, L.P.N., Adm.

WAYNE COUNTY

Friends Fellowship Community, Inc.
2030 Chester Blvd., Richmond
James J. Boomgard, Jr., Adm.

Friendship Home
306 S. 10th St., Richmond
Grace Flatley, Adm.

Gains Nursing Home
R. R. 2, Richmond
Emma Gains, Adm.

Glen Aire Nursing Home
2116 E. Main St., Richmond
Helen Marshall and Eileen Singleton, Adms.

Golden Rule Nursing Home #1
47 S. Seventh St., Richmond
Hilda Stull, L.P.N., Adm.

Golden Rule Nursing Home #2
320-22 N. 10th St., Richmond
Hilda Stull, L.P.N., Adm.

Good Will Rest Home
500 W. Main, Cambridge City
Nell Osborne, Adm.

Hagerstown Nursing Home
801 W. Main St., Hagerstown
F. Anna Barnes, Adm.

Hilling's Nursing Home
R. R. 1, Box 237, Centerville
Betty L. Hilling, Adm.

Jenkins Hall
N. 10th St., Richmond
G. Dale Splitstone, Adm.

Mary E. Hill Nursing Home for Aged Colored Women, Inc.
2308 Zoar Ave., Richmond
Howard Alexander, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville
Bonnie Cole, Adm.

Twin Pines Nursing Home
Main St., Economy
Elizabeth Johnson, Adm.

WELLS COUNTY

Clark Nursing Home
522 E. South St., Bluffton
Robert H. and I. Evelyn Sprinkle, Adms.

Cooper Rest Home
306 W. Wabash Ave., Bluffton
Janet E. Cooper, R.N., Adm.

Davis Nursing Home
627 S. Marion St., Bluffton
I. Helen Jackson, Adm.

Southview Rest Home
R. R. 3, Box 306, Bluffton
Cora N. Anderson, L.P.N., Adm.

WHITE COUNTY

Allen's Nursing Home
621 N. Illinois, Monticello
Goldie Allen, Adm.

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston
Leroy Turner, Adm.

Lake Manor Nursing Home
R. R. 6, Monticello
Robert and Ione Don, Adms.

Lake View Home
R. R. 6, Monticello
Ora Rumple, Adm.

Monticello Nursing Home, Inc.
226 N. Illinois St., Monticello
Gerald L. Eastburg, Adm.

WHITLEY COUNTY

Farris Nursing Home
209 W. Market St., Columbia City
Louise Farris, L.P.N., Adm.

Hillcrest Home
710 W. Ellsworth St., Columbia City
Herman O. and Edith M. Oelschlager, R.N., Adms.

Irvin Nursing Home
604 W. Van Buren St., Columbia City
Marguerite O. Irvin, Adm.

South Whitley Rest Home, Inc.
306 Columbia St., South Whitley
Katherine A. Bresnahan, R.N., Adm.

Whitley County Home
R. R. 1, Columbia City
Mrs. Owen Zumbrun, Adm. ◄



Poison Control Centers in Indiana

and Adjacent States

***** ATTENTION: Physicians, Hospitals and Poison Control Centers.**

Commencing July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, will become the principal INFORMATION CENTER for the State of Indiana replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — MElrose 6-6331 — Extension 211.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	643-3391, Ext. 82 or 35	William L. Stephens
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Irene Kenyon, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	BRowning 5-3331, Ext. 32	Marshall S. Wallner
East Chicago	St. Catherine Hospital 4321 Fir Street	EXport 7-3080	Jack M. Troy, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	JAckson 3-5350, Ext. 224	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	HArrison 4-8011, Ext. 247	Edward J. Wolfgang
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	GReenleaf 7-1541, Ext. 328	Kenneth Wilhelmus, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	HArrison 3-3103 Ext. 336, 337	Charles L. Warner, M.D.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	743-7341, Ext. 530	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	ANthony 4121, Ext. 2663	Miss Angeline Holbrook, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Glen T. Dresher, R. N.

City	Name and Address	Telephone	Director
Goshen	Goshen General Hospital 200 High Park Avenue	KEystone 3-2141 (Emergency Room)	Willard S. Krabill, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	WEstmore 2-2300, Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	MElrose 6-6331, Ext. 211 or 212	Richard W. Dyke, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	WAlnut 4-6411, Ext. 752, 753 or 754	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove, Indiana	STate 7-3311	H. N. Grimes, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain	GL 7-6611, Ext. 233, 234	Don E. Gillaspy
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	SH 2-0221, Ext. 313 or 317	Sister M. Josita
West Lafayette	Purdue University Student Health Center	92-2446 Ext. 54	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R. R. #1	463-2144	Merle V. Rawson
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	LEbanon 143 or 2447, Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Verlie Blanc, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	NOrth 4-1228, Ext. 44	R. W. Schroeder, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	BLackburn 9-1431	Abner H. Levkoff, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Junia L. Rice, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	Forrest E. Keeling, M.D.
Richmond	Reid Memorial Hospital Spring Grove	25481, Ext. 222	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	EX 8-6661	Carolyn Rosenfeld, R.N.

* Poison Information Center.

City	Name and Address	Telephone	Director
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041, Ext. 258	William B. Frey, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	CEntral 4-2151	Leslie M. Bodnar, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	CRawford 0361, Ext. 229	Joseph P. Gillotte, M.D.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	OSburn 5-7411	George L. Compton, M.D.

ADJACENT STATES

ILLINOIS

City	Name and Address	Telephone	Director
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	SEeley 8-4411, Ext. 2322	Joseph Christian, M.D.

KENTUCKY

Louisville	Poison Control Center Department of Pediatrics 323 E. Chestnut St.	JUniper 2-1831	Thomas A. Courtenay, M.D.

MISSOURI

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	MOhawk 4-7222, Ext. 216	Vincent J. LoPiccolo, M.D.
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	FOrest 7-6880	J. Neal Middlekamp, M.D.

OHIO

Cincinnati	*Poison Control Center Cincinnati Academy of Medicine 320 Broadway	721-2345	John A. Williams, M.D.
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	CLearbrook 8-9783	Phillip Ambuel, M.D.

* Informational services only

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Smith Kline & French Laboratories SK&F



DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	*Agent Used*	*Recommended For*	*Method of Administration*	*Type of Immunity*	*Duration of Protection*	*Booster Injection*
Cholera	Cholera Vaccine	Adults	—0.5 cc. subcutaneously followed by 1.0 cc. in 7 days.	Active	6 months	0.12-1.0 cc. according to age every six months in endemic areas.
		Children: 6 months to 2 years 3-6 years 7-10 years 11 years and older	Three subcutaneous injections given 7-10 days interval. (1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. (1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. (1) 0.25 cc.; (2) 0.5 cc.; (3) 0.5 cc. Adult schedule			
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. *Warning:* Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (fluid or alum precipitated or aluminum phosphate adsorbed, for adult use)	Children older than 11 years and adults	Two intramuscular injections of 0.5 cc. each, four to six weeks apart for primary immunization or if individual has not had a booster dose of vaccine for 3 years.	(If toxoid is given then active immunity develops.)	Indefinite	0.5 cc. every year.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children under 5 years	(1) First dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air. Given 1-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) If 1st dose given earlier than 3 months of age, then give fourth dose 2-3 months after series completed.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 12 to 18 months and 4-5 years. After 5 years booster dose of 0.5 cc. Diphtheria Tetanus Toxoid every 3 years to age 11 years.
Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed.	Children over 5 years and up to 10 years	(1) First dose of 0.5 cc. deep intramuscularly, follow injection with 0.1-0.2 cc. air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air.	Active	Indefinite	Diphtheria Tetanus booster 0.25 cc. to 0.5 cc. *Caution:* Do not give to children past 10 years of age.

Diphtheria	Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid	Rapid immunization of children under 10 years	Three doses of 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.	Active	Antigenic response lower than with the alum preparations and does not last as long.	0.5 cc. every 2 years.
Diphtheria	Diphtheria Toxoid Tetanus Toxoid Fluid	Rapid immunization under 10 years	Three doses 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.	Active	Antigenic response lower than with alum preparations and does not last as long.	0.5 cc. every 2 years.
Hepatitis, Infectious (Epidemic)	Immune Serum Globulin (Gamma Globulin)	All exposed in household, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure.
Influenza	Polyvalent Vaccine	Use during epidemics		Active (in 70% + immunized)	Short: 3-4 months	Repeat primary injection and/or injections annually.
		Children	Give total of 1.0 cc. in the course of one week.			
		Adults—especially all with chronic debilitating disease of heart and lungs.	1.0 cc. subcutaneously. *Warning:* Precautions must be taken in individuals sensitive to egg protein. *(Note:* There is less chance of local or systemic reaction if only 0.1 cc. is given intradermally for a total of 2 doses 7-10 days apart).			
Measles						
(1)	Live, Attenuated Vaccine	12 months and older	1	Active	Unknown	Although the live, attenuated vaccine may be administered safely with or without the simultaneous administration of Measles Immune Globulin, most physicians will wish to use the two combined because of the lessened frequency of clinical reactions.
(2)	Live, Attenuated Vaccine plus Measles Immune Globulin	12 months and older	1 plus Measles Immune Globulin (.01 cc per pound at different site with different syringe)	Active	Unknown	The live attenuated vaccines should be administered only to those 12 months of age or older since residual maternal antibody may interfere with a satisfactory response among younger children.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Measles						
(3)	Live, "Further Attenuated Vaccine"	12 months and older	1	Active	Unknown	Clinical reactions following the "Further Attenuated Vaccine" are relatively infrequent; Measles Immune Globulin is not necessary with this Vaccine.
(4)	Inactivated Vaccine	Any Age	3* (monthly intervals) plus a booster dose after one year	Active	Unknown	In view of the rapid fall-off in antibody and evidence of decreasing immunity following a primary immunization series, use of this vaccine is not preferred except for special groups in which live attenuated vaccine is contraindicated. The degree and duration of protection which might be afforded to those given a booster has not yet been determined.
(5)	Inactivated Vaccine followed by Live, Attenuated Vaccine	12 months and older	1 dose inactivated vaccine followed in 1 to 3 months by 1 dose live attenuated vaccine	Active	Unknown	The preceding administration of inactivated vaccine serves to reduce the frequency and severity of clinical reactions following live attenuated vaccine administration.
		Under 12 months	3 doses inactivated vaccine at monthly intervals followed by 1 dose live attenuated vaccine at 12 months of age or older.	Active	Unknown	The live attenuated vaccine should be administered only to those 12 months of age or older since residual maternal antibody may interfere with a satisfactory response among younger children.

* In view of rapidly declining antibody levels and protection, at least one booster dose about a year later is necessary. Data are not yet available to indicate when or with what frequency additional booster doses might be required.

Meningococcic Meningitis	**Sulfadiazine**	**Control of exposed persons in community groups Children up to 11 yrs.**	**0.5 m. twice daily for 2 days.**	**None Chemical prophylaxis only**	**Very brief—for one exposure only.**	**Repeat following each exposure.**
		Adults (and children 12 yrs. or over)	**1.0 gm. twice daily for 2 days.**			
Mumps	**Mumps Vaccine**	**Adults exposed to case and with negative history of having had mumps**	***Warning:* Check on sensitivity to egg protein. Two injections given 5 to 10 days apart of 1.0 cc. each subcutaneously.**	**Active**	**Brief**	**Previously immunized persons may be given booster dose of 0.5 to 1.0 cc. subcutaneously.**
Pertussis	**Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")**	**Children during epidemic**	**A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.**	**Active**	**Indefinite**	**1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.**
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	**Routine immunization of infants when DPT is contraindicated**	**A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.**	**Active**	**Indefinite**	**18 months—3-4 years. 6-7 years usually given as DPT.**
		Exposure Recall		**Active**	**Indefinite**	**.4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.**
Plague	**Plague Vaccine— a suspension of 2000 million killed Pasteurella per milliliter**	**Epidemics and areas with high endemic rate. Adults:**	**Two injections subcutaneously 7-10 days apart. First injection 0.5 cc.; second, 1.0 cc.**	**Active**	**Partial protection for period of 4-6 mos.**	**1.0 cc. every 4 months as long as danger of epidemic exists.**
		Children:				
		6 months-2 years	**0.06 cc.; 0.12 cc; 0.12 cc.**	**Active**	**Partial protection for period of 4-6 mos.**	**Booster dose for children is same as first dose of initial series.**
		2 years-6 years	**0.12 cc.; 0.25 cc.; 0.25 cc.**			
		6 years-10 years	**0.25 cc.; 0.50 cc.; 0.50 cc.**			
Poliomyelitis*	**Poliomyelitis (Salk) Vaccine**	**All Ages**	**Two injections each 1.0 cc. given intramuscularly at interval of 3-6 weeks. Third injection of 1.0 cc. given 7 months after second.**	**Active**	**Not known (Salk has demonstrated adequate antibodies present after 8 years)**	**Booster dose of 1.0 cc. recommended 8 to 12 months after 3rd dose. Additional booster doses advised if in epidemic area.**

*Paliamyelitis Vaccine, aral, live, attenuated—These vaccines are licensed. No description is given in the table as their use is largely recammended far mass immunization. The Indiana State Health Officers Association and the Indiana State Baard of Health in October 1962 stated there was little need far mass oral programs and recommended no new pragrams be initiated.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	Rabies Vaccine prepared according to Sample method—should not repeat full course—one to 3 injections probably sufficient. More hazardous Egg embryo vaccine—give one injection.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
		Bat bites and exposure to bats	Hyperimme serum, then start treatment with Rabies Vaccine immediately without waiting for laboratory report. Bats are only animals known to occasionally survive rabies and remain carriers.			Booster 10th and 20th day after last dose vaccine.
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Children and adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	Indefinite, average 3 years	Repeat every 4th year.

Tetanus	Tetanus Antitoxin	All cases of puncture wounds and animal bites when person has not been immunized or more than 2 years since last booster.	*Caution:* Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
Tetanus	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	All	Two doses, each 0.5 cc. given intramuscularly, at least one and preferably 2-3 months interval.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	All	Three doses, each 0.5 cc., subcutaneoulsy or intramuscularly at one month and preferably 2-3 months between doses.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
Typhoid Fever	Typhoid Vaccine Triple vaccine containing 1000 million S. typhosa and 250 million each of paratyphoid A and B per cc.	All persons living in or traveling to areas where disease is endemic or insanitary conditions exist.	*Adults* Three doses, each 0.5 cc. subcutaneously not less than 7 days or more than 28 day intervals between doses. An alternate method is: 0.1 cc.; 0.15 cc. and 0.2 cc. given intradermally not less than 7 nor more than 28 days between doses. *Children* 6 mo.-2 yr.—(1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. 2 yr.- 6 yr.—(1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. 6 yr.-10 yr.—(1) 0.25 cc.; (2) 0.50 cc.; (3) 0.50 cc.	Active	Indefinite—usually at least one year	Persons traveling or living in insanitary areas should receive booster of 0.1 cc. intradermally or 0.5 cc. subcutaneously annually. Children's annual booster the same dose as initial dose of each series.
Typhus Fever	Typhus Fever Vaccine	All persons traveling to or living in areas where epidemic typhus exists.	*Adults* Two doses, each 1.0 cc. at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication. *Children* Three doses each: 6 mos.-2 yrs.: 0.12 cc. 2 yrs.- 6 yrs.: 0.25 cc. 6 yrs.-10 yrs.: 0.50 cc.	Active	Relative 3-6 months	*Adults* Routine every 6 months dose of 1.0 cc. given subcutaneously or whenever threat of outbreak occurs. *Children* Same dose as in initial series.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given. Children's dose—same as adult.	Active	6 years or longer	As required at present every 10 years repeat immunization. In presence of epidemic repeat primary immunization.

* While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are:

Indiana University Medical Center
1040 West Michigan Street
Indianapolis
Fridays, 11 a.m. to 12 noon CDT by appointment
Telephone: 639-8877

Elkhart County Health Department
200 Harrison Street
Elkhart, Indiana
1st or 3rd Wednesday each month 2 p.m.
Telephone 26525

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

A. L. MARSHALL, JR., M.D., *Director*
Division of Communicable Disease Control
Indiana State Board of Health

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Class A Narcotic Drugs

The following is a compilation of Class A Narcotic Drugs by trade name, prepared for publication by the Indiana Pharmaceutical Association.

Package	Class A Narcotics by Trade Name
Tab.	Alvodine
Vial	Alvodine
Tab.	Amidone HCl.
Vial	Amidone HCl.
Tab.	A.P.C. Demerol (Demerol 30 mg.)
Supp.	B&O 15A (Opium ½ gr., Belladonna ¼ gr.)
Supp.	B&O 16A (Opium 1 gr., Belladonna ¼ gr.)
	Chlor-Anodyne (Morphine HCl. 2⅞ gr. per oz.)
	Cocaine Solutions
Solvets	Cocaine HCl. 2¼ gr.
Amp.	Codeine Phos. ½ gr. per cc.
H.T.	Codeine Phos. ¼ gr.
H.T.	Codeine Phos. ½ gr.
H.T.	Codeine Phos. 1 gr.
D.T.	Codeine Sulf. 1 gr.
H.T.	Codeine Sulf. ⅛ gr.
H.T.	Codeine Sulf. ¼ gr.
H.T.	Codeine Sulf. ½ gr.
H.T.	Codeine Sulf. 1 gr.
T.T.	Codeine Sulf. ¼ gr.
T.T.	Codeine Sulf. ½ gr.
T.T.	Codeine Sulf. 1 gr.
	Codeine, in combination, if more than 8 grs. per fl. oz. or more than 1 gr. per dosage unit
	Demerol Solutions
Amp.	Demerol 25 mg.—½ cc.
Amp.	Demerol 50 mg.—1 cc.
Amp.	Demerol 75 mg.—1½ cc.
Amp.	Demerol 100 mg.
Amp.	Demerol Atropine 2 cc. (Demerol 100 mg.—2 cc.)
Amp.	Demerol Scopolamine 2 cc. (Demerol 100 mg—2 cc.)
Elix.	Demerol (Demerol 50 mg. per 5 cc.)
	Demerol Disp. Syr. 50 mg.—1 cc.
	Demerol Disp. Syr. 75 mg.—1 cc.
	Demerol Disp. Syr. 100 mg.—1 cc.
Tab.	Demerol 50 mg.
Tab.	Demerol 100 mg.
Vial	Demerol 50 mg. per cc.
Vial	Demerol 100 mg. per cc.
Vial	Demerol Scopolamine (Demerol 50 mg. per cc.)
Tab.	Demerol APAP (Demerol 50 mg.)
Tab.	Demerol Comp. (Demerol 25 mg.)
Tab.	Demerol Lotusate (Demerol 100 mg.)
Tab.	Dicodid 5 mg.
Amp.	Dilaudid HCl. 1/32 gr.—1 cc.
Amp.	Dilaudid HCl. 1/20 gr.—1 cc.
Amp.	Dilaudid HCl. 1/16 gr.—1 cc.
Rect. Supp.	Dilaudid HCl. 1/20 gr.
Syr.	Dilaudid (1 mg.—5 cc.)
	Dilaudid HCl. Solutions
H.T.	Dilaudid HCl. 1/64 gr.
H.T.	Dilaudid HCl. 1/32 gr.
H.T.	Dilaudid HCl. 1/20 gr.
H.T.	Dilaudid HCl. 1/16 gr.
Vial	Dilaudid Sulf. 2 mg. per cc.
	Dionin Solutions
Amp.	Dolophine HCl. 10 mg.—1 cc. (Methadone HCl.)
20 cc. Amp.	Dolophine HCl. 10 mg. per cc.
Syr.	Dolophine HCl. (Methadone HCl. 10 mg. per 30 cc.)
Tab.	Dolophine HCl. 5 mg.
Tab.	Dolophine HCl. 7.5 mg.
Tab.	Dolophine HCl. 10 mg.
Tab.	Donnagesic #2 (Codeine Phos. 1½ gr.)
	Dover's Po. N.F. (Po. Ipecac and Opium)
H.T.	H.M.C. #1 (Morphine HBr. ¼ gr.)
H.T.	H.M.C. #2 (Morphine HBr. ⅛ gr.)
	Hycodan Po.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc. Atropine Sulf. 0.25 mg. per cc.
Amp.	Leritine 1 cc., 25 mg. per cc.
Amp.	Leritine 2 cc., 25 mg. per cc.
Tab.	Leritine 25 mg.
30 cc. Vial	Leritine 25 mg. per cc.
Amp.	Levo-Dromoran 2 mg.—1 cc.

Package	Class A Narcotics by Trade Name
Tab.	Levo-Dromoran 2 mg.
10 cc. Vial	Levo-Dromoran 2 mg. per cc.
Tubex	Meperidine HCl. 50 mg.—1 cc.
Tubex	Meperidine HCl. 75 mg.—1 cc.
Tubex M	Meperidine HCl. 100 mg.—1 cc.
Cap.	Mepergan
Cap.	Mepergan Fortis
Tubex	Mepergan 25—50 mg. per 2 cc.
10 cc. Vial	Mepergan 25—25 mg.—1 cc.
Tubex	Mepergan 50—50 mg.—1 cc.
10 cc. Vial	Mepergan 50—50 mg.—1 cc.
100 Tab.	Mercodinone
20 cc. Vial	Methadone HCl. 10 mg. per cc.
30 cc. Vial	Methadone HCl. 10 mg. per cc.
Syr.	Methajade
	Morphine Acetate
Elix.	Morphine HCl. 1 gr. per fl. oz.
	Morphine Solutions
Amp.	Morphine Sulf. ¼ gr. per cc.
Amp.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr. per cc.
H.T.	Morphine Sulf. ⅛ gr.
H.T.	Morphine Sulf. 1/6 gr.
H.T.	Morphine Sulf. ¼ gr.
H.T.	Morphine Sulf. ½ gr.
H.T.	Morphine Sulf. 1 gr.
H.T.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr.
T.T.	Morphine Sulf. ¼ gr.
Amp.	Nisentil HCl. 40 mg.—1 cc.
Amp.	Nisentil HCl. 60 mg.—1 cc.
Vial	Nisentil HCl. 60 mg. per cc.
Tab.	Nodalin (Methadone HCl. 2.5 mg.)
Tab.	Nucodan 5 mg.
Amp.	Numorphan HCl. 1 cc. (1.5 mg. per cc.)
Amp.	Numorphan HCl. 2 cc. (1.5 mg. per cc.)
10 cc. Vial	Numorphan HCl. (1.5 mg. per cc.)
Supp.	Numorphan HCl. 2 mg.
Tab.	Numorphan HCl. 10 mg.
Supp.	Numorphan HCl. 5 mg.
	Opium Po.
	Opium Po. Extract
Rect. Supp.	Opium 1 gr. Belladonna ¼ gr.
Tr.	Opium U.S.P. Deod.
	Pantopon All
	Papine
Cap.	Percobarb 5 mg.
Cap.	Percobarb-Demi 2.5 mg.
Tab.	Percodan 5 mg.
Tab.	Percodan-Demi 2.5 mg.
Amp.	Prinadol 2 mg. 1 cc.
10 cc. Vial	Prinadol 2 mg. per cc.
Amp.	Spasmalgin 1 cc. (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)
Tab.	Spasmalgin (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)

The Four Narcotic Classes

Narcotics are divided in four classifications and are either taxable or exempt, depending upon the addictive quality, strength, form and the presence or absence of other ingredients. Taxable narcotics, **Class A and B**, may be dispensed only upon a prescription order issued by a physician, dentist, veterinarian or other practitioner duly registered under the provisions of the Federal Narcotic Law. Orders from practitioners for other than legitimate medical purposes are not considered valid prescription orders under Federal Law and both the prescriber and the pharmacist may incur criminal penalties for such a violation.

All prescription orders for **Class A Narcotics** must be dated and signed by the prescriber as of the date of issue and, in addition, must contain the full name and address of the patient and the full name, address and narcotic registry number of the prescriber. Narcotic prescription orders should be written in permanent form. Prescription orders for narcotics which have been placed in **Class B** must meet all of the requirements above except the prescriber may transmit his prescription order to the pharmacist orally. The pharmacist must reduce the oral prescription order to writing immediately and include the information required for Class A Narcotics but the prescriber's signature is not necessary.

Renewals of narcotic prescription orders

Continued

NARCOTIC CLASSES

Continued

are prohibited, except as to exempt preparations. **Class X preparations** are regulated as to narcotic content and must, in addition, contain one or more non-narcotic active medicinal ingredients in therapeutic amounts. Class X narcotic preparations may be procured without an official order form. The pharmacist maintains a required record showing the name of the recipient, his address, the name and quantity of the Class X preparation and the date of delivery.

Class M preparations may contain any quantity of the specified drug with either active or inactive non-narcotic ingredients commonly used in medicinal preparations. The pharmacist is not required to maintain a record of dispositions of Class M preparations because such preparations have been found to have little or no additive properties. Examples of narcotic drugs which, when found in combination with non-narcotic ingredients are included in Class M include narcotine, papaverine, narceine and cotarnine. ◄

(Single copies of the brochure "Prescribing and Dispensing Narcotic Drugs—a Reference for the Health Practitioner" are available free from the Indiana Pharmaceutical Association, 54 Monument Circle, Indianapolis, Ind. 46204.)

117th Annual Convention

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Precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or are severely hypertensive.

Dextro-amphetamine sulfate: Use by unstable individuals may result in psychological dependence.

Meprobamate: Careful supervision of dose and amounts prescribed is advised; especially for patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g. alcoholics, former addicts, and other severe psychoneurotics, has been reported to result in dependence. Where excessive dosage has continued for weeks or months, reduce dosage gradually. Sudden withdrawal may precipitate recurrence of pre-existing symptoms such as anxiety, anorexia, or insomnia; or withdrawal reactions such as vomiting, ataxia, tremors, muscle twitching and, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, reduce dose—operation of motor vehicles, machinery or other activity requiring alertness should be avoided. Effects of excessive alcohol consumption may be increased by meprobamate. Appropriate caution is recommended with patients prone to excessive drinking. In patients prone to both petit and grand mal epilepsy meprobamate may precipitate grand mal attacks. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side Effects: Overstimulation of the central nervous system, jitteriness and insomnia or drowsiness.

Dextro-amphetamine sulfate: Insomnia, excitability, and increased motor activity are common and ordinarily mild side effects. Confusion, anxiety, aggressiveness, increased libido, and hallucinations have also been observed, especially in mentally ill patients. Rebound fatigue and depression may follow central stimulation. Other effects may include dry mouth, anorexia, nausea, vomiting, diarrhea, and increased cardiovascular reactivity.

Meprobamate: Drowsiness may occur and can be associated with ataxia, the symptom can usually be controlled by decreasing the dose, or by concomitant administration of central stimulants. Allergic or idiosyncratic reactions: maculopapular rash, acute nonthrombocytopenic purpura with petechiae, ecchymoses, peripheral edema and fever, transient leukopenia. A case of fatal bullous dermatitis, following administration of meprobamate and prednisolone, has been reported. Hypersensitivity has produced fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, stomatitis, proctitis (1 case), anaphylaxis, agranulocytosis and thrombocytopenic purpura, and a fatal instance of aplastic anemia, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation. Massive overdosage may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor, and respiratory collapse.



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Deaths of Indiana Physicians in 1965

(Compiled by James B. Maple, M.D., Necrologist)

(M) Member ISMA, (S) Senior Member, (R) Retired

Name	Age	Date of Death	Address	Cause of death
Levin, Ralph T. (M)	60	Jan. 2	Indianapolis	Cerebral thrombosis. Arteriosclerosis.
Lutes, David L. (S)	78	Jan. 19	Edinburg	Hypertensive arteriosclerotic heart disease.
Childers, Robie T., Jr.	40	Jan. 22	Richmond	Gunshot wound.
Hade, Frederick L. (S) (R)	81	Jan. 24	Indianapolis	Arteriosclerotic heart disease.
Sutton, Franklin S.	96	Jan. 29	Ft. Wayne	Cerebrovascular thrombosis. Cerebral arteriosclerosis.
Shanklin, Robert C.	83	Jan. 29	Frankfort	Heart block. Auricular fibrillation.
Witham, Robert L. (M)	43	Feb. 4	Indianapolis	Generalized carcinomatosis. Adenocarcinoma of the lung.
Carpentier, Harry F. (M)	65	Feb. 5	Princeton	Acute myocardial infarction.
Springstun, Charles E.	93	Feb. 11	Tennyson	Coronary artery insufficiency. Diabetes mellitus.
Lacy, John D., Jr. (M)	36	Feb. 13	Medaryville	Overdose of barbiturates.
Smoot, Emory B. (M)	63	Feb. 14	Washington	Subarachnoid hemorrhage.
Blosser, Blaine A. (S)	83	Mar. 8	Freemont	Myelogenous leukemia, subacute.
Woods, James R., Jr. (M)	60	Mar. 10	Greenfield	Cardiac failure. Generalized arteriosclerosis.
Mackey, Colonel G. (S)	74	Mar. 17	Logansport	Uremia and vascular collapse following hip fracture.
Mayfield, Clifford H. (S)	89	Mar. 21	Reynolds	Chronic myocarditis. Carcinoma of lung.
Mitman, Floyd B., Sr. (M)	68	Mar. 24	Huntington	Pulmonary emphysema. Respiratory failure.
Verplank, Grover L. (S)	77	Mar. 31	Gary	Amytrophic lateral sclerosis.
Ballard, Charles A. (S)	81	April 4	Logansport	Result of a fall and prostatic carcinoma.
McClelland, Harry N. (M)	49	April 10	New Castle	Acute coronary thrombosis.
Houser, Wayne W. (M)	56	April 27	Monon	Coronary thrombosis. Arteriosclerosis obliterans.
Roll, John W. (M)	39	May 8	Indianapolis	Acute myocardial infarction. Coronary thrombosis.
Glock, Homer E. (S)	87	May 19	Ft. Wayne	Bleeding duodenal ulcer.
Goethels, Charles J. (M)	68	June 2	Mishawaka	Myocardial infarction.
Fischer, Carlton N. (M)	51	June 4	LaPorte	Myocardial infarction.
Jaeger, Alfred S. (S)	88	June 4	Indianapolis	Myocardial infarction.
Dale, Maxwell H. (M)	63	June 6	Connersville	Congestive heart failure. Emphysema.
Selby, Keith E. (M)	64	June 9	South Bend	Myocardial infarction.
Van Sandt, Frank H. (S)	90	June 10	Bloomfield	Pneumonia. Respiratory arrest.
Robbins, Ira	85	June 22	Plainfield	Pneumonia.
Johnston, Donald D. (S)	81	June 27	Ft. Wayne	Myocardial infarction.
Taylor, Wade H. (M)	85	June 28	Ambia	Coronary occlusion.
Smith, Frederick R. (M)	54	July 1	Spencer	Arteriosclerotic heart disease.
McDaniel, Franklin P. (S)	84	July 17	Atlanta	Gastrointestinal carcinoma.
Becker, Philip H. (M)	58	July 27	Crown Point	Congestive heart failure. Hodgkin's disease.
Frash, DeVon W., Sr. (M)	66	July 28	Westville	Pulmonary infarction. Ventricular fibrillation.
Blackburn, Erwin (M)	66	July 29	Westville	Myocardial infarction. Coronary disease.
Meikle, Louise J. (S)	83	July 31	West Lafayette	Acute coronary thrombosis. Arteriosclerotic heart disease.
Rutherford, Cyrus W. (S)	90	Aug. 2	Indianapolis	Cirrhosis of liver. Carcinoma of lung.
Thurston, Harrison S. (S)	88	Aug. 6	North Webster	Cardiac arrest. Arteriosclerotic heart disease.
Ropp, Eldon R. (S)	73	Aug. 8	Oakland City	Rupture of abdominal aorta aneurysm.
Straughan, Walter L. (S)	86	Aug. 13	Crawfordsville	Cancer of colon.

Name	Age	Date of Death	Address	Cause of death
Boughman, Joe D. (M)	50	Aug. 15	Kokomo	Acute myocardial infarction.
Van Rie, Leo P. (S)	81	Aug. 17	Mishawaka	Carcinoma of lung.
Davis, Edgar C. (M)	74	Aug. 19	Muncie	Heart block. Coronary occlusion. Diabetes mellitus.
Work, James A. (S)	82	Aug. 29	Elkhart	Arteriosclerotic heart disease.
Norris, Allan A. (S)	90	Sept. 11	Elkhart	Coronary arteriosclerosis. Stokes-Adams syndrome.
Stauffer, Walter A. (S)	88	Sept. 15	Elkhart	Acute myocardial infarction. Coronary artery sclerosis.
Wilson, Talmage L. (M)	68	Oct. 7	Bloomington	Coronary thrombosis. Generalized arteriosclerosis.
Garrett, John D. (S)	93	Oct. 11	Indianapolis	Pneumonia. C.V.R. failure
Nyce, Holst W.	70	Oct. 20	Van Buren	Cerebral hemorrhage. Generalized arteriosclerosis.
Sweany, Stanford K. (M)	48	Oct. 24	Munster	Private plane crash.
Foreman, Walter A. (M)	70	Oct. 30	Brookville	Myocardial infarction.
Hickman, Walter F. (S)	77	Nov. 1	Indianapolis	Drowned.
Whipps, Charles E. (S)	84	Nov. 4	Carlisle	Cerebrovascular accident.
Permer, Erwin (M)	65	Nov. 5	Indianapolis	Coronary occlusion. Arteriosclerotic heart disease.
Malstaff, C. M. (M)	65	Nov. 11	Mishawaka	Cancer of stomach.
Balingit, Benjamin L. (M)	49	Nov. 16	Michigan City	Coronary thrombosis.
Potter, Richard M. (M)	56	Nov. 19	Ridgeville	Acute coronary occlusion. Coronary thrombosis.
Carlson, Edward E. (S)	91	Nov. 23	Peru	Cerebral arteriosclerosis.
Fullerton, Robert L. (M)	66	Nov. 23	Monticello	Carcinoma of colon.
Nash, Justin R. (M)	64	Nov. 24	Albion	Respiratory failure. Uremia.
Mead, Clarence H. (S)	83	Nov. 30	Bluffton	Congestive heart failure.
Crampton, Charles C. (S)	93	Dec. 1	Delphi	Cerebral arteriosclerosis.
Hyatt, Gilbert T. (M)	62	Dec. 2	Evansville	Esophageal varices. Postnecrotic cirrhosis.
Tremain, Milton A. (S)	89	Dec. 4	Greensburg	Bile peritonitis. Choledocholithiasis.
Foy, James P. III	25	Dec. 4	Indianapolis	Private plane crash.
Hardy, John J. (S)	79	Dec. 6	North Liberty	Cerebrovascular insufficiency.
Day, John T.	77	Dec. 19	Camby	Leukemia, monocytic.
Brauchla, Henry C. (S)	79	Dec. 25	Anderson	Hypostatic pneumonia. Parkinson's disease.
Beaven, Leslie M.	87	Dec. 28	Zionsville	Arteriosclerotic heart disease.

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Presidents of ISMA Since Its Organization

Medical Convention	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffet (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	----
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899

Medical Society	Elected	Served
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmersburg	1942	1944
*Nelsen K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951
*J. William Wright, Indianapolis	1950	1952
Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955

* Deceased.

ISMA PRESIDENTS

Continued

Medical Association	Elected	Served
Walter U. Kennedy, New Castle	1954	1956
Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock	1961	1963
Donald E. Wood	1962	1964
Joseph M. Black	1963	1965

* Deceased.

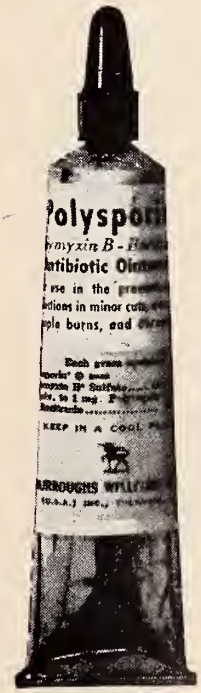
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Constitution and Bylaws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXIX of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the

Treasurer be absent. Besides its duties mentioned in the Bylaws, it shall constitute the Board of Trustees of this organization, having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. Seven Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Councilor districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Council, and the Council shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members. Upon receipt by the president of such a petition of twenty delegates, or fifty members, the president shall within 30 days thereafter issue a call for such special meeting at a time and place to be fixed by the president. The president, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and thirteen Councilors, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. No Councilor shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Councilor fails, without reason acceptable to the Council, in any one calendar year to attend a majority of the meetings of the Council, he shall thereby cease to be a Councilor, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Councilors shall be elected by the respective district societies. If any district fails to meet and elect its Councilor by the time of expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Councilor district shall elect an alternate Councilor whose term of office shall be the same as the Councilor, namely three years. The alternate Councilor shall be elected in a year during which there is no Councilor elected.

The duties of the alternate Councilor shall be:

1. To represent the Councilor district in the absence of the regularly elected Councilor.

2. To vote only in the absence of the regularly elected Councilor either in the House of Delegates or in Council meetings where he represents the regularly elected Councilor.

3. The alternate Councilor shall not have the power of discussion if the regularly elected Councilor is present.

Sec. 6.—Any officer may be removed from office after a hearing before the Council, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Council.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Council shall become President pro tem and as such shall, within a period of sixty

days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Councilors at the next regular meeting of the Council following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district councilor, the duly elected alternate councilor from the same district shall succeed to the office of councilor in that district for the unexpired term of said councilor.

In the event vacancies occur in any councilor district in the offices of both councilor and alternate councilor, the vacancies shall be filled by an election by the members of the association within the councilor district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the State secretary's office of each component society within the district. Such call shall be mailed within ten days after the State secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Council, and the Council shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BYLAWS

CHAPTER I.—MEMBERSHIP

Section 1.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and senior members of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he

is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Council shall appropriate from the funds of the Association for such an amount as in the discretion of the Council shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Internal Medicine.
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. General Practice.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Radiology.
i. Nervous and Mental Diseases.
j. Pathology.
k. Pediatrics.
l. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of Delegates to which each Component Society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February first prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the State into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5.—Proposals calling for appropriations of funds by the House of Delegates shall be submitted to the Executive Committee and the Council for their recommendation before final action of the House.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than forty-five days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reason why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure or any changes in the Constitution and Bylaws shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office: I, _____, solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Association and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1.—The president, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Council unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Council, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Council, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII.—COUNCIL

Section 1.—The Council shall meet as follows: 1. January, April, and July of each year on dates and at places fixed by the Council. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a Chairman, and a Clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Council shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Councilors shall begin with the first meeting of the Council following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such

Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Council shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Council shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Council shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Council shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amounts of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Council shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Council, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Council they shall not have the power of vote in the Council.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Council or of the House of Delegates, or by Special Committees created by the Executive Committee, the Council, or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health
The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Unless otherwise provided in these Bylaws, the committees shall be appointed by the President with the chairman of each committee

designated by him, and the number constituting each committee shall be as indicated in the section of these Bylaws pertaining to each particular committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each councilor district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise.

Sec. 4.—The President shall have the power, with the approval of the Council, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. Then this joint meeting will divide into meetings of the separate commissions, at which time the commissions and committees will organize by the election of chairman, vice-chairman and secretary, unless otherwise provided for in these Bylaws. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Council held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the Chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Council, and shall report its actions to the Council.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may

be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one councilor district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any councilor district of the Association, irrespective of the membership of the committee including another member or members from the same councilor district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action cite a member of the Association to the Council of the State Association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official programs, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the annual convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers of the various sections; and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Councilor of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Council. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, Chairman of the Council, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex-officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the Commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the Government, plans and programs of the Government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring

such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this Commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI.—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—The following Reference Committees are hereby constituted to which shall be referred all matters as indicated by the titles of the committees:

(1) Sections and Section Work
(2) Rules and Order of Business
(3) Medical Education and Hospitals
(4) Legislation
(5) Public Relations
(6) Hygiene and Public Health
(7) Amendments to the Constitution and Bylaws
(8) Reports of Officers
(9) Credentials
(10) Insurance
(11) Miscellaneous Business

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many Reference Committees as are necessary to cover all subjects included therein; or (b) to only one Reference Committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any Reference Committee shall be rejected on the ground that it covers something not included in the matters which such Committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXVII—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine or a degree of Bachelor of Medicine, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he has his office or has the major part of his practice.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February first.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Councilor of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Councilor shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

The secretary of each component society shall forward the dues for his society, together with the

roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such new members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the councilor of his district the remission of the state association dues of said member of the society, showing why such recommendation should be granted. The councilor in turn shall present the recommendation to the Council, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXVIII.—COUNCILOR DISTRICT MEDICAL SOCIETIES

Section 1.—A Councilor District Medical Society, hereinafter called the District Society, shall be a society whose members consist of the members of the County Medical Societies in the Counties which constitute the Councilor District, provided such members of County Medical Societies have paid their membership dues in the District Society.

Sec. 2.—The State shall be divided into thirteen (13) Councilor Districts with the boundary lines and numbers of each District to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second District—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White and Newton Counties.

Tenth District—Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each District Society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one District Society shall exist within any one Councilor District. The authorized District Society in each Councilor District shall receive a charter from the State Association, and the Secretary of the District Society shall have custody of the charter.

Sec. 4.—Each District Society shall organize by electing a President, a Secretary, and a Treasurer and a Councilor and Alternate Councilor as the current Councilor term and Alternate Councilor term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of Secretary and Treasurer may be held by the same physician. The Councilor shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—The dues of the District Society, in an amount fixed by the District Society to meet the

District Society needs, shall be collected by the Secretaries of the component County Societies and delivered to the Treasurer of the District Society. The Secretary of each District Society shall report to the office of the State Association the names and addresses of the members of his District Society, together with a copy of the minutes of each meeting of the District Society.

Sec. 6.—Each District Society shall meet at least once each year at a time and place to be fixed by the District Society. On or before January 1st of each year each District Society shall notify the headquarters of the State Association of the time and place of the annual District meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Council, the Councilor shall fix the time and place of the District meeting, and notice of such meeting shall be sent to the members of the County Medical Societies in such District.

Sec. 7.—Whenever a District Society is to elect a Councilor and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such District Society not later than the first of March of the year in which the election is to occur.

Sec. 8.—The District Society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the District of the meeting at least thirty (30) days prior to the date thereof.

CHAPTER XXIX.—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXX.—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This Committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presentation of his defense, the Committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the Committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the Committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the Chairman of the Council.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services which are the basis of the suit were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nomi-

nated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXI.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXII.—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Council at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXIII.—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

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